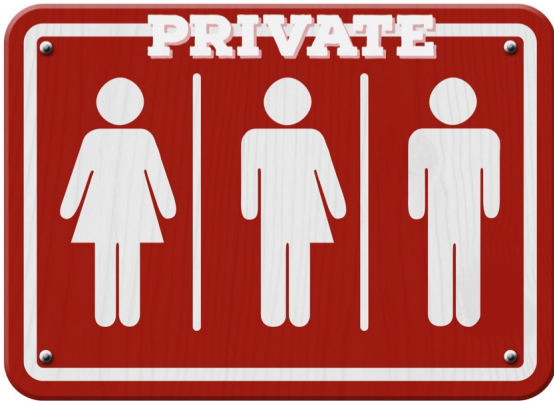




Is My Gender Your Business?

Hebrews 12:13: (NASB) *and make straight paths for your feet, so that the limb which is lame may not be put out of joint, but rather be healed.*



Guest: Emily DesPierre, APRN

As Charles Dickens opened his classic novel, *A Tale of Two Cities*, he wrote, "It was the best of times, it was the worst of times..." He went on to explain the contradictions of his own culture. Here we are generations later and we can easily say the same thing. Our culture is filled with wonder, technology and advancement as well as suffering, misunderstanding and false narratives. One group of our culture that finds itself right in the middle of all of this is those who are transgender. For many, the idea of being

transgender is not only foreign but perhaps even highly doubtful. For others, being transgender feels natural and needs not only recognition but respect as well. This truly poses a dilemma of understanding and acceptance for many on all sides of the matter. So, how do we - how should we as Christians approach such a sensitive and passionate part of our world? Where should we stand? Why should we stand there? How should we approach those with whom we may disagree?

(Commentary has been edited for brevity and clarity. Emily's comments are shown in purple.)



Due to the extremely sensitive, emotionally charged and potentially graphic content of today's podcast, we encourage parents to use their discretion regarding the listening ears of their children.

Emily is Rick's daughter and an Advanced Practice Nurse. She describes her experience:

I became a registered nurse in 2007 and did a year of medical surgical floating. Then I went to medical oncology for a year, and then seven years in the emergency department as a nurse. I graduated with my master's and have been doing advanced practice nursing for the last two years and currently work

geriatrics in nursing homes. Advanced practice nursing is a registered nurse with a master's degree, able to prescribe, diagnose and treat medical conditions. They practice under their own license and usually collaborate with a physician in a facility or a doctor's office.





Emily is here to relay medical facts and then to make personal observations based on those facts.

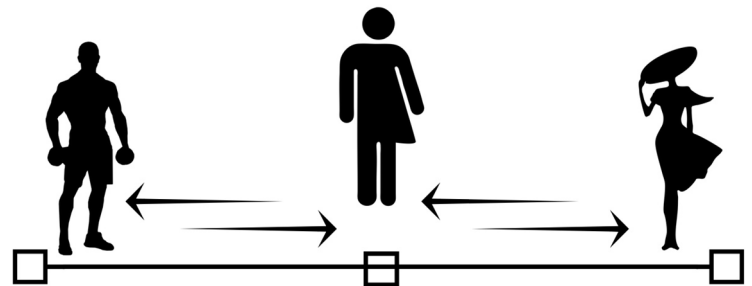
Our basic biblical perspective, from which we will need to expand dramatically:

Genesis 1:26-28: (NASB) ²⁶Then God said, Let Us make man in Our image, according to Our likeness; and let them rule... ²⁷God created man in His own image, in the image of God He created him; male and female He created them. ²⁸God blessed them; and God said to them, Be fruitful and multiply, and fill the earth, and subdue it; and rule...

After 6,000 years since Adam was created perfect, it is pretty obvious that sin and death have taken their toll on the human family both mentally and physically. We are many generations away from human perfection.

Definition, What is Transgender? Simply Explained, Educational Videos and Lectures

- We explain gender and what it means to be transgender. Meet Kayla. Her friend Adam recently came out as transgender, but she's unsure what that means. Adam, happy to explain, lets her know that first, she must recognize the difference between gender and sex in order to comprehend what it means to be transgender. Kayla is confused because she thought gender and sex were the same thing, but Adam informs her that they are very different. Sex is what everyone is biologically born as - male, female, or in some cases, intersex. In contrast, gender, which is separate from sexual orientation, is how we express masculinity and femininity. Think of a linear scale with femininity on one side and masculinity on the other. Instead of emoting one or the other based on sex, people can move throughout the gender scale freely and express various degrees of both, at will, despite their biological anatomy.*



What does it mean to be transgender? What is gender dysphoria? Are those the same thing?

The definitions I got are from a continuing education article I did for my degree called *Clinical Care of the Transgender Patient*. It defines transgender as an umbrella term for those whose gender identity or expression is different than that typically associated with their assigned sex at birth. This includes a myriad of different people - transsexuals, androgynists, crossdressers, gender queer, and the list is extensive. Gender dysphoria is a "DSM-5" (Diagnostic and Statistical Manual for Mental Health) diagnosis.

DSM-5 is very specific to mental health. This term is quantified as "the distress and suffering experienced when gender identity and biological sex are not completely congruent. This is considered less stigmatizing than the original diagnosis of 'gender identity disorder.'"



They changed the name from “gender identity disorder” to “gender dysphoria” because it is less stigmatizing for the person who is suffering.

Transgender is the feeling of wanting to be or feeling that you should be dressing a certain way or acting a certain way, versus gender dysphoria should be, in my opinion, used after you have been extensively evaluated by a psychiatrist who is licensed to do so and finds that is truly something you are dealing with. That has a diagnosis attached to it; it is more than just a feeling.

Transgender is more a sense of what someone is. Gender dysphoria is the diagnosis. That's a place for us to start. Let's take a left turn here for a little while and talk about the phrase, “Pain is what they say it is.” What does this phrase mean and how did it come to be in the center of the medical world?

I cannot tell you exactly when it started, but I graduated in 2007, and one of the things we were taught as a new graduate nurse was that pain is considered a fifth vital sign. Vital signs are your heart rate, blood pressure, temperature, pulse, respirations, things that can be objectively quantified versus pain, which is subjective. It was reinforced that if someone says a pain is a 10 out of 10, you are not allowed to doubt that or say, “Well, I don't believe you.” You have to take it for what they are saying.

You are taking it as fact like you would read a heart rate.

Correct. The problem with that, especially in an emergency room, is people would be under the impression if they said their pain was a 10, even if it really wasn't or the medical professional did not think it was, they would be seen quicker. But medically speaking, doctors were getting surveys done by their patients who were complaining that their pain was not being addressed.

Opiates came into play and there was a big push to prescribe opiates to address the pain levels people were complaining of. And as we all know, we now have a large sum of opiate distribution. It is a crisis with addiction, selling, overdoses, people would lose their prescriptions so they could sell prescriptions. Now the Drug Enforcement Agency is coming down hard on prescribers with very strict limitations. Opioid use and abuse has gone up 500 percent.

Five-hundred percent in the last 18 years! Why? Because “pain is what they say it is” is that fifth vital sign, and instead of an observation of the doctor, it became the will of the patient.

Taking the idea that “pain is what they say it is” and expanding it, we are in a place where we do not want our children to have to suffer. Nobody wants their child to be defeated or to go through difficult things. We are opposed to saying no to our children. We are opposed to letting them feel the pains and rejection of life. We have not taught them how to win with grace, lose with dignity or openly listen to other perspectives, and as a result, “pain is what they say it is.” If they say “I can't do it,” we say, “It is okay.”

Let's just put that thought on the back burner as we go through and try to uncover this subject of understanding what it means to be transgender and what the medical facts are in relation to it.



Romans 3:23: (NASB) *for all have sinned and fall short of the glory of God...*

An associate of Rick's said he overheard a conversation in a hospital where someone was talking to a transgender person and the person talking to the transgender person was a Christian. They overheard the Christian say, "So, what are you telling me, God made a mistake?" And it was a sarcastic, insulting comment. Let's be clear. God, first of all, does not make mistakes. Secondly, God did not create you to be as you are. He did not create me to be as I am. We were *born in sin*. We are *shapen in iniquity*. We are not God's direct creations. We need to stop the foolish arguments that someone is "off" because they are not in line with God's will.

Is my gender your business? Well, what *is* the business of a Christian?

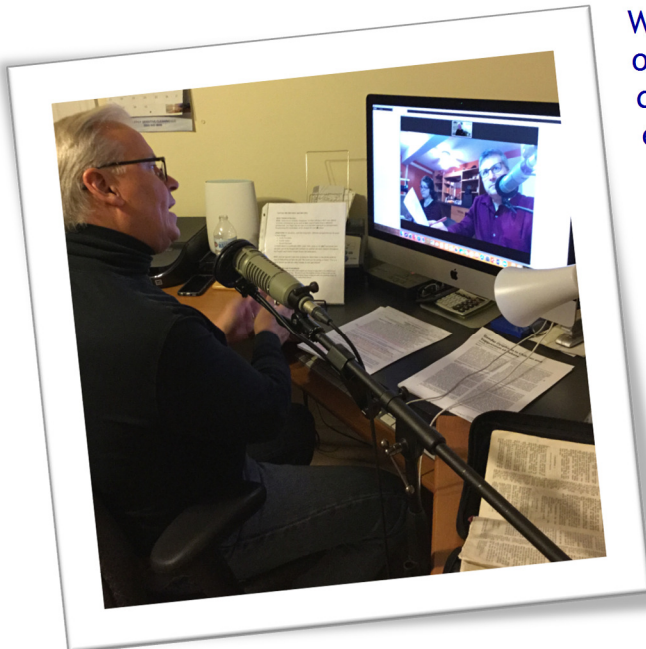


Embrace God's plan and design for man while realizing and accepting that we in this present sinful world, left to our own devices are ALL broken, ALL deficient and ALL out of the harmony of God's image.



The bottom line is every one of us is broken. It doesn't matter who you are or how good you think you are; we are all in the same sinful, broken boat.

As we talk about being transgender, a major question is where does medical science weigh in?



With any major debate on any issue, defining the crux of the matter is vital, and clarity in understanding the details and mechanics of gender fluidity is no exception. We need to look carefully - at least in studies, trends and conclusions - to determine what information is medically worthy of building a foundation upon, and this is not easy. We stress that we want to try to find out what to build our thinking on.

One of our challenges in preparing this program was to go into this without preconceived notions and ideas. We want to understand both the medical science and biblical principles. Combining these will allow us to determine what we stand for and why.



Scriptural Principle: Seek diligently for that which is not just good, but godly good:

Matthew 7:7-10: (NASB) ⁷Ask, and it will be given to you; seek, and you will find; knock, and it will be opened to you. ⁸For everyone who asks receives, and he who seeks finds, and to him who knocks it will be opened. ⁹Or what man is there among you who, when his son asks for a loaf, will give him a stone? ¹⁰Or if he asks for a fish, he will not give him a snake, will he?

This is one of those Scriptures that can be easily misread because it says *ask and it will be given to you; seek and you will find; knock and it will be opened to you*. It is like the world is your oyster. But it is asking in a godly good fashion, with godly principles in mind and godly actions behind us.

This is what we want to hear with this particular subject matter. We want to seek for godly truth and look into what medical science says, which is a lot! We want to apply the science to scriptural principle, then stand as a true Christian with Christian love and understanding for those who suffer. And make no mistake, there are a lot of people who are suffering with a transgender crisis. It is not the kind of thing that we should just look at and say, "So what?"



One study, *What Does the Transgender Brain Look Like*, DNews

- *Hi everyone! Julia and Julian here for DNews. Transgender means a person identifies as a gender other than what they were assigned at birth.*
- *Cisgender, on the other hand, are those who identify as the same gender they were assigned at birth. Unfortunately, being trans is a much more difficult path than being cis.*
- *Transgender individuals face a world filled with violence, erasure and ignorance, but by being true to themselves they open up a road for so many others to follow. Still, why would anyone purposely subject themselves to a life of difficulty? Well, it's not a choice; it's who they are and science can back that up.*



"A world of violence, erasure and ignorance." There is no question they face an uphill battle.

- *One study published in the Journal of Neuroscience identified networks in the brain associated with gender. Using diffusion based magnetic resonance tomography imaging, the researchers looked at the brains of people who are transgender as well as female and male controls.*
- *They found microstructures or connections in the brain that differed significantly between the male and female subjects. However, the networks in the brains of those who identified as transgender seemed to take up a middle position.*
- *The researchers also found a link between these networks and the amount of testosterone in the bloodstream, suggesting that sex hormones affect how these structures form in the brain, which is supported by earlier research.*



Does the brain of a transgender person look different?

We were able to obtain the study being discussed. ([Is There Something Unique about the Transgender Brain? Scientific American, By Francine Russo on January 1, 2016](#)) I had to do a thesis for my master's degree and did a lot of research. With research studies, you look for "double blind" (the best possible) which is very difficult in this type of situation.

Double-blind study: A study in which neither the participants nor the experimenters know who is receiving a particular treatment. This procedure is utilized to prevent bias in research results. Double-blind studies are particularly useful for preventing bias due to demand characteristics or the placebo effect.

You look for a very large amount of people, because the bigger the population you can observe allows you to get a sense of the general population. You want it peer reviewed, meaning other medical professionals are reading through it, editing, correcting or saying where improvement is needed. The Scientific American study they are citing was very, very small. There were 24 females-to-male scans and 18 males-to-female scans. They did do before-and-after sex hormone therapy.

The biggest thing I find in this study is if the speakers in the audio clip read it in its entirety, they would find the study in and of itself says it is not conclusive. Near the end of the audio clip, they talk about something defined as "neuroplasticity," but that phrase is not used in the study.



The study did show that there is a possibility of these microstructures to be changed in the brain but - and I quote - "Of course, behavior and experience shape brain anatomy. So, it is impossible to say if these subtle differences are inborn."

The individuals in the audio clip are taking this study for what they want it to say, rather than looking at it objectively. Is it a good study? Did it do everything that a conclusive study would show and what did the conclusions say? The conclusion says it is inconclusive. It is interesting and something that should be further researched but in a much bigger majority of people.

It was a small study, and the study itself said it was inconclusive. When we try to draw a conclusion from something that admits itself to be inconclusive, we have to be careful.

The audio clip says a lot of people think transgender is a choice. Is it? Because the majority of people do not just randomly pick to change sex. For the vast majority, this is an internal feeling and sense that they are the wrong gender. It is a genuine feeling and a genuine sense to whatever degree and whatever age they are. It is not some kind of random choice like, "Hey, I think I'll be female today." Those who look at it that way are doing a tremendous disservice to people who actually suffer through a lot of very difficult



circumstances because of what they genuinely feel inside of themselves, and we cannot ignore that. We are going to try to understand it.

🔊) **Two more studies, *What Does the Transgender Brain Look Like*, DNews**

- *Right, some regions of the brain showed difference based on gender. In one study published in the Journal of Psychiatric Research, scientists used MRI techniques to scan the brains of 18 people who were assigned female that identify as male and 24 male and 19 female heterosexual controls. The researchers found that the white matter of female-to-male individuals who received no hormone therapy more closely resembled brains of the male subjects than the female subjects.*
- *Another study by that same research group also published in the Journal of Psychiatric Research focused on those who were assigned male at birth but identified female. The researchers used similar techniques as the other study and found that their white matter microstructures fell between the measurements of male and female subjects. One of the authors of the study concluded: Their brains are not completely masculinized and not completely feminized, but they still feel female.*



We were unable to obtain one of the referenced studies, but the other one, **Gender Dysphoria in Children - (page 3) American College of Pediatricians, June 2017**, does not say that at all. They discuss that idea of “neuroplasticity,” which is the brain's ability to alter those microstructures. The audio clip says these are well-defined in the transgender community, as in if you feel you are male, your brain microstructures show that.

Let's pause there for a second. For those who say that they are transgender, the white matter in their brain is different than a male or a female. It is somewhere in between. This is what those studies show.

Neuroplasticity is a well-established phenomenon, which is long-term behaviors that alter brain microstructures. There is really no evidence that people are born with brain microstructures that are forever unalterable, but there is significant evidence that *experiences* change your brain microstructures. This would be more of a nature versus nurture situation, where your environment controls and changes you if you are being exposed to wanting to be female and you are male and you are doing it often enough - your brain will conform to believe that.

The idea of neuroplasticity works in all areas of our lives. We develop the way we look at the world, and that is what neuroplasticity is. It develops the patterns with which we look at the world.



Let me give you an example which is much different from this. Jonathan, you might not like this example, but I'm going to use it anyway. I like football. I am a real heavy-duty New York Giants fan, and Jonathan, you love the Pittsburgh Steelers. Here's the problem. I, for some unknown reason, do not like the Steelers. I have this emotional reaction I have had for the last 30 years like, ugh, Pittsburgh Steelers. And for the life of me, because you love the Steelers, I keep trying to say to myself, "Rick, get over it." But I have this response that somehow got inside of me. I don't know what made it happen there. I know the reason I don't like the New York Jets is because my dad, when we would read the sports section of the newspaper, thought Joe Namath was a very poor example of a man. He would make all kinds of noises when he would read about him, and it stuck with me. But that's the example. It gets stuck in there, and you have this innate response. That is neuroplasticity.



Right. The thing with these studies is something we call "correlation without causation." It means that you look at something and say, "Oh, well, this seems to be correlated or this seems to be a reaction to that," but just because you do a scan of someone who is transgender and their brain shows this, it does not mean there are no other factors contributing to it. With research, you have to have a very tightly-knit study to really show true causation and correlation together.

Society likes to correlate things, but without necessarily a cause. These folks at DNews were citing these studies as though it was proof. When you actually look at the studies, the studies themselves are telling you they are not proof.

Right. The **Gender Dysphoria in Children** study was phenomenal with the research they looked at and the different studies they bring into it to show you their point of view. The people who did that audio clip, if they had actually read the study, they probably would not have used it in their podcast.

We want to spend a moment looking back in terms of transgender history. It is sketchy, but it is there. I was given an article from thoughtco.com about Tiresias, a mythological individual. It is called "Tiresias - Ovid's Metamorphoses; Mythological Transgendering." Did they have transgender individuals in mythology? No, if you read the story of Tiresias, it was a man who was cursed to become a woman for several years and then found a way to go back. There was no "transgender" about it; it was a curse for him. We take things and conveniently create "correlation without causation."

We make the correlation like, wow, it was even in mythology. Be careful, because that is not what the story of Tiresias is about. **See the Bonus Material for more on this topic.**



There are a couple of important websites we want to draw your attention to:



Matthew 7:11-12: (NASB) *¹¹If you then, being evil, know how to give good gifts to your children, how much more will your Father who is in heaven give what is good to those who ask Him! ¹²In everything, therefore, treat people the same way you want them to treat you, for this is the Law and the Prophets.*

Is my gender your business? Well, what *is* the business of a Christian when dealing with this type of issue?



Even when we are blessed with insight, knowledge and even wisdom, we must always and intentionally treat others with the same kind respect we want for ourselves.

As a Christian, it is of utmost importance to treat others with the same kind of respect. Even if you look at them and think no, they are entirely wrong, remember Jesus treated everyone with respect. He is our example. It is sobering to see how easy it is to miss the big picture, but we have to pay attention.

**What is the long-term outlook for a transgender individual?
Do they usually find happiness?**

Whatever side of whatever debate you might be on, I am sure we all would agree we want to do the things necessary to support the long-term health and welfare of those in question. Let's look carefully at this statement, because believing it may require dramatic shifts in our thinking and in our stand. Are



we willing to stand for someone’s wellbeing or are we driven simply by a cause no matter the result?

Scriptural Principle: Be prepared and inspired to fight the long hard battles for godly good, for they are worth fighting:

Hebrews 12:3: (NASB) *For consider him who has endured such hostility by sinners against himself, so that you will not grow weary and lose heart.*

You have to be willing to go the distance, to be firm in finding truth, standing for truth and be willing to deal with whatever backlash there might be to that truth.

Many genders, What is Transgender? Simply Explained, Educational Videos and Lectures



- *Excited to learn more, Kayla wonders is transgender a third gender? No. Adam reveals that it is an umbrella term that can be used for someone who identifies with the opposite sex, such as Adam, or it can refer to other various genders that aren't exclusively masculine or feminine. This includes "bigender," people who identify with two genders; "pangender," people who identify with all genders and even "agender," people who are genderless. Ultimately, people can choose from many terms and definitions they think represents their gender identity and also matches their self-expression. With so many different genders Kayla is uncertain what pronouns she should use. Adam clarifies that it depends on each person's preference. If unsure there is nothing wrong with asking.*



HE/SHE/THEY

You have to take their feelings and what they are going through in consideration, but in the medical field, you have to look at the bigger picture. It is not just whatever they say they feel. You have to acknowledge it, but you have to see if there is something underlying. Like you said before, there are definitely people who truly are transgender and they have this struggle. We need to address it, but to just put a blanket statement that “I am just going to address you however you want to be addressed” and not look into it further from the medical perspective is a disservice, I think.

That would be “pain is what they say it is” gone bad. Is being transgender normally a stand-alone challenge people have to face, or are there other factors typically involved?

There are a lot of other factors involved. There was a survey study put out by the **National Gay and Lesbian Task Force and National Center for Gender Equality**, and they surveyed over 6,000 transgender people. This survey was a 70-point question survey, and the results were very sad and astounding. One of the things that they said is that a lot of transgender people have various medical and mental health comorbidities or, in other words, other diagnoses that go with it.

Comorbidity: the simultaneous presence of two chronic diseases or conditions in a patient.

You could have hypertension and diabetes. If you are diagnosed with diabetes first, your comorbidity is hypertension. Note, some of the things people were generally diagnosed with were anxiety, depression, conduct disorder,



oppositional defiant disorder, autism, narcissistic personality, substance abuse and dissociative - a large percentage of people in the study had mental health comorbidities. On top of that, this particular study looked at the rate of suicide attempts in the transgender community.

To put it in perspective, one thing about doing studies is you have to say what may have put your study at a disadvantage. The study was not sure if it really showed the population as a whole. They did expect some of the answers may show an increased percentage versus what the reality may be. In the general population, national suicide attempts are about 4.6 percent. This study showed the transgender community was at a 41 percent rate for suicide attempt.

Wait...4.6 percent suicide attempts in the general population versus 41 percent in a transgender population? What study is this? That sounds outrageous.

This is the study that I mentioned by the **National Gay and Lesbian Task Force and National Center for Transgender Equality**, where they sent out over 6,000 surveys to the transgender population - **American Foundation for Suicide Prevention Suicide Attempts Among Transgender and Gender Non-Conforming Adults, January 2014.**



They quantified "suicide attempt" and broke it down into around 70 different points. The numbers they found were staggering. And I quote from one of their conclusions: "Overall the most striking finding in our analysis was exceptionally high prevalence of lifetime suicide attempts presented by the respondents across all demographics and experiences." It wasn't singled out to one specific population.

It is often said that the transgender community is the subject of a lot of harassment. And that is true and despicable. And I have heard their suicide rate is higher because of the hostilities shown to them.

This particular study can't really identify that because of the fact that they do not have a correlation on when their suicide attempt was versus when the abuse occurred.

So, they can't say for sure. But there are many different factors. You can't just say something is correlated without actually knowing the cause. Mental health issues, physical abuse or emotional abuse may account for it, but sexually transmitted diseases, HIV, substance abuse - all of those things make you a huge risk factor.

There was a second study done in Sweden, from 1973 to 2003 - thirty years. **Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden, 1973-2003, www.plosone.org**

They followed 324 sex reassigns, so these are people who had the sexual reassignment surgeries, or "bottom surgeries." These are via matched cohorts



study. That is, they gathered information from national data bases instead of actually interviewing people. It was double blind with no dropouts.

There is a very high dropout rate when trying to study transgender communities.

The Swedish study found the mortality or risk of death was higher in the sex reassigned group. There was a higher risk of suicide attempt, higher risk of inpatient hospitalization for mental health, and they concluded - and I quote, "Even though sex reassignment alleviates gender dysphoria, there is a need to identify and treat concurring psychiatric morbidities in transsexual persons not only before but also after sex reassignment."

The author points out that a lot of other studies they had quoted to use as a basis for why they were doing this study had a high dropout rate, and that is why the studies were inconclusive.

The bottom line, though, is that study with the 6,000 individuals reveals a 41-percent attempted suicide rate.

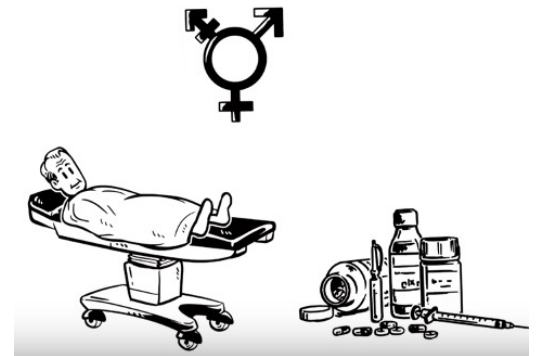
That is self-reported suicide rates and obviously does not take into account successful suicides.

It is such a massive number compared to the general population. We have to ask ourselves, what is this? What can we do about this? **How can we be a positive influence?**



How they feel, *What is Transgender? Simply Explained, Educational Videos and Lectures*

- *Still curious, Kayla wants to know, do all transgender people automatically get hormone therapy and gender reassignment surgery? Adam explains that being transgender does not rely on a physical change. It's about identifying and expressing oneself based on how they feel. If they do seek medical assistance to transition then they would be called transsexual. Additionally, Adam tells Kayla that he wants to educate the public about what it means to be transgender in order to fight the consistent discrimination they face. Transgender people have come a long way on the path to acceptance. However they still have a difficult journey ahead. They must find the strength and confidence to embrace who they are while battling social stigma that can even influence friends and family.*



Transgenders have to combat social stigma - true. But, again, we want to understand that in relation to medical science. So far, we have not seen medical science saying that they can identify that somebody is born this way. More on this shortly.



Let's talk about the standards of care for deciding to undergo hormone therapy and surgery. Have these standards changed? Are they changing?

Because it is not something that I diagnose or treat myself, standards of care recommend that diagnosis is made by a mental health professional; however, it is not a requirement.

It is not a requirement to be diagnosed by a mental health professional.

Correct. And when we get into the children aspect of things, you will find a lot of physicians that are treating gender dysphoria, especially in children, are doing it because the parents are asking for it versus recommendations. There is really no standardized care because nothing is FDA approved.

You say there is no standardized care because nothing is FDA approved.

...especially in children, from what I could find. There hasn't been enough research on this study to know long-term effects of these sex hormones in the long term - 30, 40 years from now what it does to people. The FDA does not put things on the market without having a good clear understanding.

Hebrews 12:12-13: (NASB) ¹²Therefore, strengthen the hands that are weak and the knees that are feeble, ¹³and make straight paths for your feet, so that the limb which is lame may not be put out of joint, but rather be healed.

We have to stand up and we have to create an environment within our Christian communities of straight paths for our feet.

Is my gender your business? Well, what *is* the business of a Christian when dealing with this type of issue?



Straight paths for what you think, what you say and what you do. Our thinking must be based in fact and overlaid by scriptural principles.

When we stop to consider how much pain people live with, it is heartbreaking. And now the biggest question:

Are we giving children who claim to be transgender all of the most effective support possible?

Admittedly all of our conversation up to this point has been preparing us for this segment. With a firm foundation in medical science, we now need to look with our deepest compassion, our most enlightened wisdom and our clearest focus at children and the transgender challenge. Are we currently doing the



very best for them by way of support, treatment and guidance as we seek for them to have a happy life? Are we doing the very best for children?

Scriptural Principle: Follow godly principles as we raise and influence our children:

Hebrews 12:9-10: (NASB) ⁹Furthermore, we had earthly fathers to discipline us, and we respected them; shall we not much rather be subject to the Father of spirits, and live? ¹⁰For they disciplined us for a short time as seemed best to them, but He disciplines us for our good, so that we may share His holiness.

Submitting to the Father of discipline is a godly principle - we should be disciplining our children in light of God's discipline for us.

With that in mind, let's talk about children. We return to the DNews audio clip, but it seems to us they are pushing an agenda and not being clear and concise about the studies they talk about.

 **Studies with kids, *What Does the Transgender Brain Look Like, DNews***

- *And if it's a matter of brain wiring a lot of kids would know early, and they do. In one study published in the Graduate Journal of Social Science found that 76 percent of participants knew they were transgender before they left elementary school.*
- *A small study published in the Journal of Psychological Science found that kids as young as five who identify as trans showed a consistence in gender identity across various measures. I actually saw Laverne Cox speak at an event at Rutgers and she said exactly the same thing. The researchers asked 32 transgender kids aged five to 12 questions about gender and under the Implicit Association Test to see how kids identify with various things. Using the IAT, the researchers could see how quickly the kids associated gender with the concepts of "me" and "not me." It's a fast test so they don't have a lot of time to think about it; they just respond.*
- *The researchers found that the kids' responses were indistinguishable from their cisgender peers. The transgender girls responded the same as cisgender girls, and the transgender boys responded just like the cisgender boys. The researchers concluded that their study provided clear evidence to support that transgender children are not confused, delayed, pretending or oppositional. They instead show responses entirely typical and expected for children with their gender identity.*

To look into this, we used articles written by a pediatrician who sits on the Board for American Pediatrics:

I'm a Pediatrician. How Transgender Ideology Has Infiltrated My Field and Produced Large Scale Child Abuse, dailysignal.com, Michelle Cretella, July 3, 2017

Gender Dysphoria in Children and the Suppression of Debate, Michelle A. Cretella, 2016, www.jpands.org/vol21no2/cretella.pdf

In all of the research they have prior to today's push of hormones, **80 to 95 percent of children who were directed to associate with their own sex who thought that they were transgender as a child grew out of it.** So, even if these five-year-olds are saying, "I feel like a boy" or "I feel like a girl," **80 to**



95 percent of them, if re-associated with their gender, grew out of that feeling of wanting to be a boy or a girl.

Read the references to the studies yourselves. Don't take our word for it. Read what medical science has said, and instead of us looking at wanting something to be true and trying to find something that *makes* it true, let's look at what medical science has told us up to this point - 80-95 percent is an enormous number.

I think the interesting thing is that when they have children who are introduced to hormones, that percentage goes down significantly when they are told that, yes, you are a boy or you are a girl versus what their biological sex is. So, in my medical opinion, you are looking at nature versus nurture. If you're nurturing someone to believe that they are what you are telling them, as a child who cannot really comprehend, and giving them hormones to make their bodies not do what they're supposed to be doing, it is not surprising that you are going to see a decrease in change of mind as they get older.

Neuroplasticity?

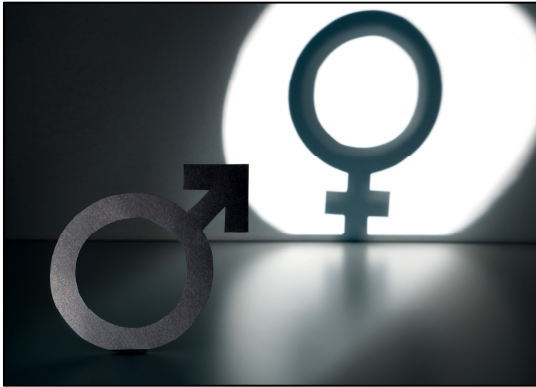
Neuroplasticity, correct.

Neuroplasticity, again, where we form the thinking of children. We do that, as parents, as friends of kids. Look at your life. Look at the way you react and respond to things, and think back. Just like my dislike for the Pittsburgh Steelers, I don't know where it came from. I have tried really hard to get rid of it, but it is still there. Why is that? It is because something along the line sunk in. I don't know what it was, but it happens to all of us.

I have a Christian friend about my age I was talking to recently about this whole issue. She said, "Rick, when I was younger, I wanted to be a boy." She explained that she had boy neighbors on both sides and would always play with them. She liked to play with the toys they played with and climb trees. She said she did not want dolls and told her mom and dad she did not want girl toys; she wanted boy toys. "I want trucks and to build roads and do all that stuff." If she was a kid today, perhaps her parents would have looked at her and said, "Oh, my goodness, look at that. She is transgender." She was just left to the normal vicissitudes of life and grew up to be a very well-adjusted woman and there was never an issue, *because that is what kids do*. **Are we pressing our children into an issue**, or are we following nature? Is this biological?



No. I had actually never really thought about it this way when I started looking into this, but the article written by Michelle Cretella goes into a study that was done on 110 sets of identical twins. Identical twins are often used for science studies because they have identical DNA. If it is something biologic, if one twin has it, the other twin is going to have it 99 percent of the time. They looked at 110 sets of twins where one was definitely transgender to see if it was congruent on both sides.



Only 28 percent were both transgender; this is a smaller study, but when you know identical twins share the same exact genetics and are exposed to the same hormones (because I know there's a whole issue on whether testosterone has something to do with development in the fetus), it pretty much says that if it is not founded in rigorous science, it is not biologic.

That's important. Another sense of this is Medicare and Medicaid. I read in one of the studies Medicare and Medicaid will not support hormone therapy because there is not enough evidence to show that it actually works.

Correct, especially in children. In children it is experimental, to put it lightly. If you are a patient with cancer and nothing is working for you and you want to participate in an experimental drug, there are regulations. It is monitored. Sometimes you are compensated; sometimes you are not. It is very strictly regulated. And these medications are not. They are approved for children who go into puberty early - girls who start puberty at eight or nine, or even five or six - who use the suppressants to stop puberty until they reach eleven or twelve.

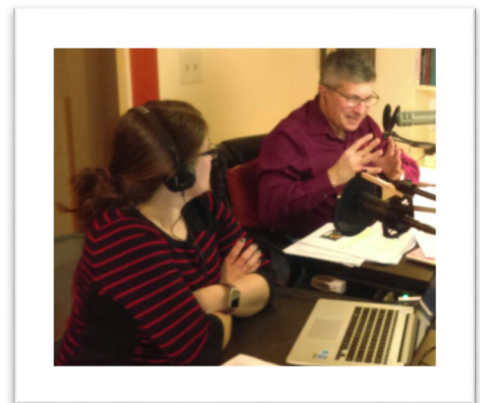
So, they are on those things for a very short time.

Right. Then when your body is supposed to go into puberty, they take them off of the hormones. Unfortunately, there are no studies that look at what these do in the long run. There is not a single randomized trial for these hormones, and there is a lot of damage that can be done with that. They are not FDA approved. And like I mentioned before, in this article, she mentions that a lot of the doctors are admitting they are doing it because a lot of parents are requesting it.

"Pain is what they say it is."

That is not how you do medicine.

Let's put this in perspective. Suppose your child is ill and you say, okay, this is a serious illness, and you go to a medical professional and they say there are two courses of treatment. One, you have an 80 to 95 percent chance they can be cured. That is one course of treatment.





The other course of treatment will bring you to a 41 percent chance that they will try to kill themselves. 80-95 percent chance of cure, 41 percent chance of trying to kill themselves. As a parent, if you did not know anything else, which course of treatment would you choose? And, of course, we would say, "Well, duh." But the problem is what we are doing is burying the lack of medical credence behind this for children, and we are moving forward anyway.

Dr. Zucker, who was a long-time activist for prepubertal children, believed they were best served to align them with their anatomic sex, and then if it persists throughout adolescence, then you start addressing hormones and other types of things. He lost his job over it, a 30-year career, for saying hormones are not appropriate in prepubescent children because they need to be aligned with their anatomical sex and then we will reevaluate later.

Ethical issues raised by the treatment of gender-variant prepubescent children.
pubmed.gov

In the next audio clip, we hear from 11-year old Ariel, who is biologically male but believes she is female. I am not at all undermining her sense of who she thinks she is at all. She believes it. There is no question about it.

 **Blockers and space, Ariel's Story Growing Up Trans, Frontline PBS**

- *The hormone blockers - they give me a space where I can really feel completely just sure of myself, and I can just have that little breathing space before I enter puberty. And you're just in this nice little world where you're still like a child and it's just great, before you develop. It's harder teasing and bullying-wise when you're a "girly-boy" when you're in that in-between stage than when you fully transitioned. It's much harder to be gender nonconforming than to be transgender because when you're gender nonconforming, that is when really a lot of difficulties set in.*
- *Ariel did not transition until she was 11 when she started blockers.*

This individual is transitioning at 11 years old. The idea of children making such decisions...I don't know. Did you have something specific about the blockers before we get to that?

No. I think the biggest specific thing is they say in science that it is not harmful or it is reversible. There is a certain point where it is not, and I won't go into detail about what those irreversible effects are if you decide you don't really feel that way after you start these blockers. It is significant.

As a Christian, what are you supposed to do? You have a friend or you are going to a PTA meeting and you are sitting next to parents with a transgender seven, eight, or nine-year-old. What are you supposed to do? Are you supposed to say, "Oh, my gosh! Did you read the studies?" What would Jesus do? We have to ask ourselves, what would be the proper response?

 **TIME TO**
Get Practical!

The proper response would be to make a friend and find an opportunity, if it opens up, to make a suggestion that, "You know, there has been a lot of studies on this that have a lot of different conclusions that most of us are not



aware of. I would be happy to get you a copy of that study.” Something like that to just open the door for opportunity. **Just because a child might believe something does not mean what the child believes is true, even if they believe it in the core of their being, because they are a child.** This might sound harsh to some, and I apologize. We do not trust children with other life decisions, and yet here we do. Why? Why here and why not with other things? It is difficult to take the other pathway because you look like you are someone who is not paying attention to your child's feelings. You look like somebody who has this harsh viewpoint. But, in fact, it is a medically sound viewpoint.

Hebrews 12:11: (NASB) *All discipline for the moment seems not to be joyful, but sorrowful; yet to those who have been trained by it, afterwards it yields the peaceful fruit of righteousness.*

Discipline is difficult now. But, again, 80 to 95 percent of the time the issue will work itself out. But it is not going to be easy for the next few years. Or we can lead them down a path where scientific statistics say 41 percent attempt suicide.

Think about that. We have placed our children's thinking and feelings above our parental judgment, and that is not an appropriate place for a Christian to be. Is my gender your business? What is our business?



**Where do we go from here?
How do we make the best use of our transgender understanding?**

This brings us to the classic “now what” scenario. As we approach that pointed question, we feel a need to throw one more curveball into the equation. As challenging and heartrending as our compassion and understanding towards the transgender community are, there are yet others who find themselves living even further out on the fringes.

Scriptural Principle: We MUST do godly good to all and we must do it courageously:

Galatians 6:9-10: (NASB) *⁹Let us not lose heart in doing good, for in due time we will reap if we do not grow weary. ¹⁰So then, while we have opportunity, let us do good to all people, and especially to those who are of the household of the faith.*

Godly good. Just because you might be right does not mean you are doing godly good with what might be right. Make sure your heart is tuned to the pain and the difficulty and the trauma that these folks live with, because it is serious. And we, of all people, should be the most compassionate, wanting to lend a hand and also help them find things that can actually bring them real peace. *Do good to all people* the Bible instructs us.



What about those who are “transabled”? What does this mean and what are we supposed to do with it?

People who are transabled believe, for example, they should not have a left arm. They try to cut it off or try to get a physician or surgeon to remove it for them because they believe they should not have been born with their arm, their leg, eyesight, hearing or whatever.

To be transabled is to be of sound body but to not be comfortable in the soundness of the body.

National Post - Becoming disabled by choice, not chance: ‘Transabled’ people feel like impostors in their fully working bodies, Sarah Boesveld, June 3, 2015

Correct.

There are articles, examples and interviews of people who believe this. But the question is, where do you stop it? Do you stop with the transgender individual who just because they simply say it, we agree and move on? Do you do that with someone who is transabled, as well? What about somebody who is transracial, who believes they were born the wrong race? There is documented evidence of those folks. What do we do with those things?

Or transkinder.

What does transkinder mean?

Transkinder is those adults who feel they are in a child's body and want to love children, and they are not considered pedophiles.

Where do you draw the line? You mentioned earlier, Emily, about medical professionals or psychiatric doctors being able to get involved, but it is not necessary anymore.

Correct.

In a lot of states for the treatment for a transgendered child, a psychologist is not allowed to ask them how they got to that point.

They are not allowed to dig deeper into what might be causing it. No one here is saying transgender is not a real thing. But there is a percentage that are probably fixed to something else, where it goes hand in hand with the transgender feelings, whether it be a trauma, uninvolved parent, a mother who wishes they had a son or daughter instead of the son or daughter they got. That is called gender mourning, when you are a mother and you wanted a girl and you had a boy; so, you make your boy dress up like a girl. These are realities. And some cases might be related to those things. This needs to be involved and explored because even if the person goes through sex transition, inside their mind is not going to be cured. Their mind is not going to be settled, because there is something much deeper there that no one is looking at.

Sex changes are not effective, says researchers, David Batty, The Guardian, July 4, 2014



The website sexchangeregret.com was put together by Walt Heyer. Walt, in the 1970's, went through one of the very early American sex change operations. He believed that he was a woman. And in those days, you want to talk about a situation where you're not getting any support, back in those days there was none. He went through with it. He lived as a woman, I forget, for seven or eight years. He got psychotherapy, and he realized there were underlying issues that brought him to that. He went through the pain and difficulty of changing back to a man. Since then, he has dedicated his life to trying to help those who get stuck in this, because another unreported statistic is how many people are just dissatisfied after a time. Once the euphoria wears off, what's happening with a lot of these folks? Remember, 80 to 95 percent of those who feel transgender as a child grow out of it. And we are not treating them as 80 to 95 percent. We are taking that statistic and diluting it down because **we are paying attention to a feeling rather than to the underlying fact**. When you get stuck, you need some help. There are so many people that get stuck like that. That is why this information is very important.

Christian Questions usually never goes into things like this. The reason we are doing it is because the bottom line is we are all human. We are all broken. We are all imperfect. We all suffer. We all have things we have to cope with in our lives. This is a particular issue that has grown dramatically in the last few years. How many gender clinic centers were there? Do you remember...24 centers? It went up to 40.

It was 23 centers, and then it went up to 40 centers. In 2014 there were 24 gender clinics clustered chiefly along the east coast and California; one year later, 40 across the nation. And one of the doctors, Dr. Lopez, is a pediatric endocrinologist and said, the use of this protocol (prepubescent hormones) is growing fast, and the main reason is parents are demanding it and bringing children to the door of pediatric endocrinologists *because they know this is available*.

Parents are demanding it. We are taking the feelings of our children, trusting their feelings to pursue a life-altering course that, when you look at the result of living a transgender life - and we apologize for bringing this up again - but 41 percent attempt to take their own lives. What does that tell us? This is serious stuff.

We will go to an audio clip for someone who supports the transgender work. His name is Norman Spack, a doctor at Boston Children's Hospital.



80 percent, Norman Spack, How I Help Transgender Teens Become Who They Want to Be

- *Your gender, which is different from your anatomic sex, describes your self-concept. Do you see yourself as a male or female or somewhere in the spectrum in between? That sometimes shows up in the first decade of life, but it can be very confusing for parents, because it is quite normative for children to act in a cross-gender play and way, and that in fact, there are studies that show that even 80 percent of children who act in that fashion will not persist in wanting to be the opposite gender at the time when puberty begins.*



Even Dr. Spack, a great advocate of hormone blockers, says 80 percent. He is using the low end, but give him credit - at least he says it. The problem is he does not say what to do or how to reinforce that 80 percent. See, what we are being taught is when a child has a thought, you jump on that thought and you affirm that thought and you build their life around that thought. But 80 percent to 95 percent of those thoughts are just kids thinking.

The **Endocrine Society** guidelines currently prohibit the use of sex hormones before the age of 16, but people are doing it anyway. Some gender specialists are already bypassing pubertal suppression and putting children as young as 11 on cross-sex hormones.

 **Love, Transgender at Nine-Years Old, Barcroft TV, Genderkinderen**

- *(Reporter) Now Emily and Clint are focusing on Kate's future.*
- *(Father) We want to be there for her and show her that we're supporting however she feels and allowing her to be herself.*
- *(Reporter) In just a few months she could begin puberty blockers before moving to hormone therapy and finally full gender reassignment surgery. Emily and Clint may be happy with their daughter's new life, but Kate's transformation has proved controversial with parents in their community.*
- *(Mother) One father said that he was going to go into the school and beat the boy back into Kate. Other people said that we were being abusive parents. I sat in front of the computer and just cried because I couldn't believe these people were saying these hateful things.*
- *(Reporter) Despite the huge backlash, Emily and Clint have fought on and they're delighted to see their daughter happy in her own skin.*
- *(Mother) It just comes down to love. I mean if you love your child, then you should do anything in the world for your child, and it is just as simple and pure as that.*

If you love your children, you do what you can for them. I am not a parent, but as your daughter just because I wanted a thing did not mean I got it. Unfortunately, who knows how this child will turn out? Maybe they are one of the few who truly have this issue, but maybe they are one of the many who will try to attempt to harm themselves. It is a real struggle as a medical professional to listen to someone say, "Well, my child wants this." We had a lot of experience with this in the emergency room. People, said, "Oh, my child does not like medicine." Well, plug their nose; they will swallow! It is just this concept that you see a lot more of, and it can cause harm.

Again, there are no tests that show hormone blockers and puberty suppression are safe in the long-term.

Source: Growing Pains - Problems with Puberty Suppression in Treating Gender Dysphoria, Paul W. Hruz, Lawrence S. Mayer, Paul R. McHugh, The New Atlantis.com, Spring 2017

When you heard that last audio clip with the beautiful music in the background and the tenderness, "I can't believe people are saying these hateful things," you have to think about it. Is it hateful? Is it hateful when you are deeply concerned for somebody's long-term welfare? Not for how they feel and about being happy now, but have you turned over every rock to see if this is just a



phase? The fact is, 80 to 95 percent of the time it is just a phase. And you can say, "Well, my kid is the one," and the next parent is going to say, "Well, my kid is the one..." And you can be sure the next ten parents are going to say, "Well, my kid is the one." Eight out of those ten parents are wrong. They are simply wrong. What do we do? As a Christian how do we manage? How do we put ourselves in a place of being helpful by being willing and able to suggest to a friend to have information that is viable medical information to help people understand and cope with these things?

We started out early in the podcast with a phrase, "A world of violence, erasure and ignorance," and needing to be "true to themselves." By wanting to help without looking at it from a different perspective that is medically sound, we are creating a world of future violence for our children of erasure of what they are and of ignorance because we love them. Love is such a good thing, but if it is not based in righteousness, it can be such an empty thing.

Love really is the answer. Love that is fact based, truth based and truly wellbeing based.

Proverbs 22:6: (NASB) *Train up a child in the way he should go, even when he is old he will not depart from it.*

Train up children and later on in life they will look back and see the discipline and be thankful. Love without righteousness is only a topical pain killer and a Band-Aid to cover a festering infection. It looks good for a while and feels good for a while, but ultimately it will fail miserably. We do not want to do that to our children.

Is my gender your business? What is our business?



**Love in a supportive and selfless way,
guide and teach in a godly, righteous way,
shine as an example in a humble and Christlike
way and pray for God's Kingdom in a
passionate and hope filled way.**

We have to be focused on being thoroughly Christian as we deal with these issues and putting a higher level of righteousness first and being kind and compassionate and understanding so we can help people along the way.

Just to expand off of that, that is what you have to do as a medical provider as well. You have to be compassionate for how people are presenting and feeling, but you do not have to agree with it. You do not have to agree in any medical profession on how people are treating their bodies or doing things. Like someone who has lung disease and still smokes, you do not have to agree with it, but our job is not to consider our feelings but to consider the best medical and evidence-based research for that person. We know that smoking causes cancer. We have that fact. Every time you see that patient, you will discuss smoking cessation. It is actually a standard of care now. You want to give



them the best quality of life that you can. In some cases, that is telling a patient their actions are hurting themselves. We need to do our due diligence and give all the facts. Often you get yelled at or ridiculed or told you are the worst doctor they have ever dealt with, but it is your job to give advice every single time.

I truly believe that the medical community is doing a disservice to the transgender community because they are basing things on feeling and not considering all the facts. There are not enough studies out there right now. And you have to consider the facts and risks to enable us to provide well-rounded care for those who struggle with gender dysphoria. Our treatment cannot be based on fear of being politically incorrect. There are a lot more underlying issues that need to be addressed, and we need to put our time and effort in providing real medical advice and help. I am surprised there is not more push for that considering our society thrives on evidence-based practice and science right now.

Be clear that we are trying to be "godly good" in what we do and what we know. We want to make our Christian lives built on facts so we can be helpful to others - not condescending, not hurtful, not judgmental, but helpful because you know the facts. It has been a difficult, deep and probing subject that we hope you take with you and work on and realize there is so much more to it.

*So, Is my gender your business?
For Jonathan and Rick and Christian Questions...
Think about it...!*

*And now even more to think about...
only in the **Full Edition** of CQ Rewind!*





Speak your truth with compassion and care. Own your mistakes and weaknesses. We all have them. And it is far more honest to accept and face them than to ignore or hide them.
– *Dr. Anil Kumar Sinha*

We have bought into the fallacy that we should do anything for our children's happiness.

Toleration leads to acceptance, which leads to mainstreaming which leads to expectation.

Hebrews 12:1-13: (NASB) *¹Therefore, since we have so great a cloud of witnesses surrounding us, let us also lay aside every encumbrance and the sin which so easily entangles us, and let us run with endurance the race that is set before us, ²fixing our eyes on Jesus, the author and perfecter of faith, who for the joy set before him endured the cross, despising the shame, and has sat down at the right hand of the throne of God. ³For consider him who has endured such hostility by sinners against himself, so that you will not grow weary and lose heart. ⁴You have not yet resisted to the point of shedding blood in your striving against sin; ⁵and you have forgotten the exhortation which is addressed to you as sons, my son, do not regard lightly the discipline of the Lord, nor faint when you are reprovved by Him; ⁶for those whom the Lord loves He disciplines, and He scourges every son whom He receives. ⁷It is for discipline that you endure; God deals with you as with sons; for what son is there whom his father does not discipline? ⁸But if you are without discipline, of which all have become partakers, then you are illegitimate children and not sons. ⁹Furthermore, we had earthly fathers to discipline us, and we respected them; shall we not much rather be subject to the Father of spirits, and live? ¹⁰For they disciplined us for a short time as seemed best to them, but He disciplines us for our good, so that we may share His holiness. ¹¹All discipline for the moment seems not to be joyful, but sorrowful; yet to those who have been trained by it, afterwards it yields the peaceful fruit of righteousness. ¹²Therefore, strengthen the hands that are weak and the knees that are feeble, ¹³and make straight paths for your feet, so that the limb which is lame may not be put out of joint, but rather be healed.*

Proverbs 3:11,12: (NASB) *¹¹My son, do not reject the discipline of the LORD or loathe His reproof, ¹²For whom the LORD loves He reprovves, even as a father corrects the son in whom he delights.*

Proverbs 13:1: (KJV) *A wise son heareth his father's instruction: but a scorner heareth not rebuke.*

Tiresias - Ovid's Metamorphoses, Mythological Transgendering By N.S. Gill updated March 08, 2017, thoughtco.com

THE STORY OF TIRESIAS

One of the important peripheral figures in the House of Thebes' legends is the blind seer Tiresias, whose own story Ovid introduces in Metamorphoses Book Three. Tiresias' tale of woe and transformation began when he separated two mating snakes for no apparent reason. Instead of poisoning Tiresias with indignant viper venom, the snakes magically transformed him into a woman. The original transgendered individual wasn't too happy with the procedure but lived with it for seven years before figuring out a technique that would either kill him or reverse the operation. Since striking the snakes had worked before, he tried it again -- this time with at least a legitimate motive. It worked, and he became a man again, but unfortunately his life story came to the attention of two of the most contentious of the Olympians, Juno (Hera for the Greeks) and her husband Jupiter (Zeus for the Greeks).



Wikipedia:

Eighteen allusions to mythic Tiresias, noted by Luc Brisson, fall into three groups: one, in two episodes, recounts Tiresias' sex-change and his encounter with Zeus and Hera; a second group recounts his blinding by Athena; a third, all but lost, seems to have recounted the misadventures of Tiresias.

How Tiresias obtained his information varied: sometimes, like the oracles, he would receive visions; other times he would listen for the songs of birds, or ask for a description of visions and pictures appearing within the smoke of burnt offerings, and so interpret them. Pliny the Elder credits Tiresias with the invention of augury.

On Mount Cyllene in the Peloponnese, as Tiresias came upon a pair of copulating snakes, he hit the pair with his stick. Hera was displeased, and she punished Tiresias by transforming him into a woman. As a woman, Tiresias became a priestess of Hera, married and had children, including Manto, who also possessed the gift of prophecy. According to some versions of the tale, Lady Tiresias was a prostitute of great renown. After seven years as a woman, Tiresias again found mating snakes; depending on the myth, either she made sure to leave the snakes alone this time, or, according to Hyginus, trampled on them. As a result, Tiresias was released from his sentence and permitted to regain his masculinity. This ancient story is recorded in lost lines of Hesiod.

In Hellenistic and Roman times Tiresias' sex-change was embroidered upon and expanded into seven episodes, with appropriate amours in each, probably written by the Alexandrian Ptolemaeus Chennus, but attributed by Eustathius to Sostratus of Phanagoria's lost elegiac Tiresias. Tiresias is presented as a complexly liminal figure, mediating between humankind and the gods, male and female, blind and seeing, present and future, this world and the Underworld.

Wikipedia:

Body integrity identity disorder (BIID, also referred to as amputee identity disorder) is a psychological disorder in which otherwise healthy individuals perceive one or more of their limbs or organs as alien to the rest of their body. People with this condition may refer to themselves as "transabled." BIID is related to xenomelia, "the dysphoric feeling that one or more limbs of one's body do not belong to one's self."

BIID is typically accompanied by the desire to amputate one or more healthy limbs. It also includes the desire for other forms of disability, as in the case of a woman who intentionally blinded herself. BIID can be associated with apotemnophilia, sexual arousal based on the image of one's self as an amputee. The cause of BIID is unknown. One hypothesis states that it results from a neurological failing of the brain's inner body mapping function (located in the right parietal lobe) to incorporate the affected limb in its understanding of the body's physical form.

Sufferers of BIID are uncomfortable with a part of their body, such as a limb, and feel confident that removing or disabling this part of their body will relieve



their discomfort. Sufferers may have intense feelings of envy toward amputees. They may pretend that they are an amputee, both in public and in private. Sufferers experience the above symptoms as being strange and unnatural. They may try to injure themselves to require the amputation of that limb. They are generally ashamed of their thoughts and may try to hide them from others, including therapists and health care professionals.



Join us next week for our January 22 , 2018, podcast,
"Does God Bless Us When We Act
in an Unrighteous Way?"