

Social Work & Christianity welcomes input from our readership. We encourage our readers to submit letters with their response to articles in the journal. These letters in turn are forwarded to the original author(s) of the article so that they can write a response if they wish. Below is a response by Dirk de Jong to Paul Adams' "Gender Ideology and the Truth of Marriage: The Challenge for Christian Social Workers," which appeared in the *Spring & Summer, 2017* special issue on *Christianity and Social Work Practice with LGBTQ Clients* (SWC 44: 1–2, pp. 143–169), followed by a response by the original author, Paul Adams.

Letter to the Editor: The Truth Behind “Gender Ideology”

Dirk H. de Jong

Dear Editor,

I read with much interest the recent issue of *Social Work & Christianity* regarding LGBTQ topics and I am pleased to have been one its contributors (de Jong, 2017). I fully understand the editor's rationale for including different perspectives (particularly in the section "Point of View") on a topic so important to social work and so controversial in certain faith communities. However, as someone who has been involved in research related to transgender issues in social work and in social work education, I feel I need to respond to some of the ideas articulated by Paul Adams in his essay "Gender Ideology and the Truth of Marriage: The Challenge for Christian Social Workers" published in that same issue of your journal (Adams, 2017).

In his essay, Dr. Adams makes far-reaching claims about conscience and truth, based on "a givenness to nature and to human being" (p. 153). In so doing, he draws on a variety of biased sources in an attempt to

promote this particular view and debunk findings that contradict it. However, as we are all learning in the current political climate, facts matter, and a shared understanding of reality is facilitated by the common foundation of ever-expanding scientific knowledge. In that context, use of the term “gender ideology” in a discussion of sexual orientation and gender identity is unfortunate. “Gender ideology” is a label used by conservative religious groups around the world to disparage gender-variant identities and same-sex marriage (Campoy, 2016; Wilkinson, 2017). By contrast, I would argue that changing views on gender identity (and homosexuality) are based on scientific inquiry and increased understanding. In my opinion, those *criticizing* the so-called “gender ideology” are themselves proposing the imposition of a conservative, value-based perspective on policy and practice.

I will not address here the comments by Dr. Adams regarding “the natural family” and marriage, objectionable as I find them, but will instead reply to his views on gender dysphoria. Jonathan Merritt (2016) has said that conservative Christians “will lose the transgender debate” because they emphasize ideology, scripture, and fear, while ignoring people, science, and facts. I believe that the essay by Dr. Adams illustrates this problem. I will respond to a number of his assertions, comparing them with the current state of scientific knowledge and the facts regarding “best practice”, particularly with respect to transgender youth.

- In terms of the etiology of gender dysphoria, Dr. Adams refers to an article by Mayer and McHugh (2016) as “a careful review”, showing “inconclusive evidence and mixed findings regarding the brains of transgender adults” (Adams, 2017, p. 146). The article in question appeared in the *New Atlantis*, which is not a peer-reviewed journal, co-published by the conservative Ethics and Public Policy Center. Contrary to the opinion expressed by Mayer and McHugh and to concerns about “family dynamics and social contagion” (Adams, 2017, p. 146), there is growing evidence that gender identity has a strong neuroanatomical component, even if the specific contributory processes are not yet clear. As stated in a recent literature review, published in the (refereed) journal *Endocrine Practice*: “Current data suggest a biologic etiology for transgender identity” (Saraswat, Weinand, & Safer, 2015, p. 202).
- Dr. Adams’ reference to “underlying problems” that, by his account, cause or contribute to gender dysphoria (Adams, 2017, p. 158) cites as its source an article by Bradley (2016) that appeared in the online journal *Public Discourse*, published by the conservative Witherspoon Institute. This journal is not peer reviewed and the article in question does not provide any

documentation for its assertions. By contrast, evidence from a Dutch study of 105 adolescents with gender dysphoria did not show comorbidity with respect to internalizing or externalizing conditions in the majority of its sample (deVries, Doreleijers, Steensma, & Cohen-Kettenis, 2011). Furthermore, while it is clear that gender dysphoria potentially leads to a number of stressors, it is noteworthy that another study by the team of researchers in The Netherlands found improved psychological functioning among adolescents following the use of puberty blockers (deVries, Steensma, Doreleijers, & Cohen-Kettenis, 2011). Additionally, a study by researchers at the University of Washington with regard to a sample of young transgender children whose parents supported their social transition (but who did not yet undergo any medical intervention) found no differences in levels of depression and anxiety when compared to control groups of nontransgender siblings and peers (Olson, Durwood, DeMeules, & McLaughlin, 2016).

- To posit that family pathology is a cause or contributing factor in the development of gender dysphoria does an incredible disservice to the parents who support their gender-variant child. As stated on Healthychildren.org (2015), the educational website of the American Academy of Pediatrics: “There is no evidence that parenting is responsible for a child having a gender identity that is not in line with his or her biological sex. Experiencing childhood trauma will not cause a child to become gender non-conforming, transgender, or homosexual.”
- In a couple of instances Dr. Adams refers to positions taken by the American College of Pediatricians, particularly their rejection of gender transitions at a young age. The American College of Pediatricians, in spite of its impressive name, is actually a fringe organization opposing LGBT rights and labeled a “hate group” by the Southern Poverty Law Center (Southern Poverty Law Center, 2016). It is interesting to contrast the position of the American College of Pediatricians with that of the reputable and mainstream American Academy of Pediatrics (which, incidentally, has 66,000 members). For example, while acknowledging different trajectories in the development of gender dysphoria, AAP’s Healthychildren.org (2015) offers the following advice: “Research suggest that children who are persistent, consistent, and insistent about their gender identity are the ones who are most likely to become transgender adults. It is important to support and follow the lead of the child.” The same approach has also been recommended by the American Psychological Association

(n.d.), noting: “This gender affirmative model is grounded in the evidence-based idea that attempting to change or contort a person’s gender does harm.”

- With respect to the resolute stance of the American Academy of Pediatrics in its support of transgender youth, it should be noted as well that the AAP recently issued a statement opposing the Trump administration’s actions aimed at eliminating the right of public school students to use restrooms according to their gender identity (American Academy of Pediatrics, 2/23/2017). This right, by the way, is a safety issue for transgender students and is endorsed by national associations of school principals, school psychologists, and school counselors (Gender Spectrum, n.d.).
- To insinuate, as Dr. Adams did, that medical interventions (steps beyond social transitions) are pursued casually is highly misleading. There are strict guidelines promulgated by the World Professional Organization of Transgender Health (WPATH, 2011), safeguarding a cautious, gradual, and deliberate process in the medical treatment of gender dysphoria. This approach has been endorsed by leading experts in the field from around the world and is based on existing research, not ideology. By the way, any kind of conversion therapy, be it with youth or adults, is no longer considered effective or ethical (WPATH, 2011, p. 16). Obviously, more research about the appropriate treatment of gender dysphoria should be asked for and pursued. However, medical interventions are important, as the bioethicist Simona Giordana (2008) has noted with respect to the use of puberty blockers:

If allowing puberty to progress appears likely to harm the child, puberty should be suspended. There is nothing unethical with interfering with spontaneous development, when spontaneous development causes great harm to the child. Indeed, it is unethical to let children suffer, when their suffering can be alleviated. This is not responding with medicine to a problem that is social in nature. This is responding with medicine to a serious medical problem that causes enormous distress to the sufferers and makes them prefer unqualified help, street life and even death, to life with GID [gender identity disorder, now renamed gender dysphoria] (p. 583).

- Dr. Adams is wrong again in suggesting that courts and legislators have been “mandating (...) particular interventions” (p. 165). Instead, the Affordable Care Act has a provision that prohibits discrimination in health care based on sex. Multiple courts have

confirmed that this protection applies to gender identity as well, since it serves to counteract the disparities in health care and insurance coverage that transgender people have faced historically (National Center for Transgender Equality, n.d.; also, see this website of the Office of Civil Rights of the Department of Health and Human Services for examples of relevant cases pursued under this so-called “transgender mandate”: U.S. Department of Health and Human Services, 2016).

In sum: It seems to me that the positions of Dr. Adams with regard to gender identity lack research evidence. Reading his words also makes me realize again that a lukewarm approach to issues of gender variance, along the lines of “condemning the sin, but not the sinner”, is simply inadequate. It is not enough to welcome transgender persons as a step toward “healing” them. Transgender persons, including transgender youth, do not need to be pathologized and ministered to. They just need to be accepted and celebrated for who they are, unconditionally. That is a social work imperative and, in my view, a Christian imperative. It is also an approach that is informed by the available scientific knowledge and by best practice guidelines. Finally, it is clear to me as well that, although it is disheartening to observe how transgender issues have become so polarizing, the dialogue needs to continue. ❖

REFERENCES

- Adams, P. (2017). Gender ideology and the truth of marriage: The challenge for Christian social workers. *Social Work & Christianity*, 44(1&2), 143–169.
- American Academy of Pediatrics (2/23/2017). *AAP statement on protecting transgender youth*. Retrieved from <https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/AAP-Statement-on-Protecting-Transgender-Youth.aspx>
- American Psychological Association (n.d.). *Fact sheet: Gender diversity and transgender identity in children*. Retrieved (5/2017) from http://www.apadivisions.org/division-44/resources/advocacy/transgender-children.pdf?_ga=2.26769082.627481148.1496247886-461045896.1496247886
- Bradley, G. V. (2016, August 2). President Obama’s sex-driven war on science. *Public Discourse*. Retrieved from <http://www.thepublicdiscourse.com/2016/08/17479/>
- Campoy, A. (2016, November 4). A conspiracy theory about sex and gender is being peddled around the world by the far right. *Quartz*. Retrieved from <https://qz.com/807743/conservatives-have-created-a-fake-ideology-to-combat-the-global-movement-for-lgbt-rights/>
- de Jong, D. (2017). Christian social work education and transgender issues: *Social Work and Christianity*, 44(1,2), 53–71.
- de Vries, A. L. C., Doreleijers, T. A. H., Steensma, T. D., & Cohen-Kettenis, P. T. (2011). Psychiatric comorbidity in gender dysphoric adolescents. *Journal of Child Psychology and Psychiatry*, 52(11), 1195–1202.

- de Vries, A. L. C., Steensma, T. D., Doreleijers, T. A. H., & Cohen-Kettenis, P. T. (2011). Puberty suppression in adolescents with gender identity disorder: A prospective follow-up study. *Journal of Sexual Medicine*, 8(8), 2276–2283.
- Gender Spectrum (n.d.). *Transgender students and school bathrooms: Frequently asked questions*. Retrieved (5/2017) from <https://www.genderspectrum.org/bathroomfaq/>
- Giordano, S. (2008). Lives in a chiaroscuro. Should we suspend the puberty of children with gender identity disorder? *Journal of Medical Ethics*, 34(8), 580–584.
- Healthychildren.org (2015, June 4). *Gender non-conforming and transgender children*. Retrieved from <https://www.healthychildren.org/English/ages-stages/grade-school/Pages/Gender-Non-Conforming-Transgender-Children.aspx>
- Mayer, L. S., & McHugh, P. R. (2016). Sexuality and gender: Findings from the biological, psychological, and social sciences. *New Atlantis*, 50, Fall. Retrieved from <http://www.thenewatlantis.com/publications/number-50-fall-2016>
- Merritt, J. (2016, May 14). 3 reasons conservative Christians will lose the transgender debate. *Religion News Service*. Retrieved from <http://religionnews.com/2016/05/14/3-reasons-conservative-christians-will-lose-the-transgender-debate/>
- National Center for Transgender Equality (n.d.). *Trump administration plan to roll back health care nondiscrimination regulation: Frequently asked questions*. Retrieved (5/2017) from <http://www.transequality.org/1557-FAQ>
- Olson, K. R., Durwood, L., DeMeules, M., & McLaughlin, K. A. (2016). Mental health of transgender children who are supported in their identities. *Pediatrics*, 137(3) e20153223; DOI: 10.1542/peds.2015–3223
- Saraswat, A., Weinand, J. D., & Safer, J. D. (2015). Evidence supporting the biologic nature of gender identity. *Endocrine Practice*, 21(2), 199–204.
- Southern Poverty Law Center (n.d.). *Active hate groups 2016*. Retrieved (5/2017) from <https://www.splcenter.org/fighting-hate/intelligence-report/2017/active-hate-groups-2016#antilgbt>
- U.S. Department of Health and Human Services, Office of Civil Rights (2016, May 16). *OCR Enforcement under section 1557 of the Affordable Care Act sex discrimination cases*. Retrieved from <https://www.hhs.gov/civil-rights/for-individuals/section-1557/ocr-enforcement-section-1557-aca-sex-discrimination/index.html?language=es>
- WPATH (2011). *Standards of care, 7th version*. World Professional Association for Transgender Health. Retrieved from <http://www.wpath.org>
- Wilkinson, A. (March 21, 2017). *Latin America's gender ideology explosion*. *Anthropology News*. Retrieved from <http://www.anthropology-news.org/index.php/2017/03/21/latin-americas-gender-ideology-explosion/>

Letter to the Editor: The Truth Behind “Gender Ideology”

Paul Adams

Dear Editor,

I am grateful to Dr. de Jong for raising these concerns. I am pleased to respond to them because they touch on important factual, scientific, conceptual, and philosophical issues, even though these cannot all be addressed as they deserve in the scope of this exchange. Questions arise in this contested domain that go to the very nature of the human person and of the relation between body and self – questions that the mutual pursuit of truth in love cannot long evade. For Christian social workers, the commandments of love, of actively willing the good of the other, is also a duty to tell the truth, lovingly and tactfully but without either evasion or scolding and preaching. An obligation to serve others entails a duty to speak truth—even unpopular truth, even when it is unwelcome. To refuse to share the truth with others – clients, colleagues, parents – to collude in falsehood or delusion, or to pretend that there is no truth to discover or share, is not to serve them well or ethically. So it is a pleasure to engage with a colleague who understands the need to face the facts, even though we understand them differently.

Dr. de Jong believes that “changing views on identity (and homosexuality) are based on scientific inquiry and increased understanding.” He says, “facts matter, and a shared understanding of reality is facilitated by the common foundation of ever-expanding scientific knowledge.” I answer that facts do indeed matter, as do a shared understanding of reality – and a shared language of morality and anthropology. The integrity of scientific inquiry needs to be protected against ideological attempts to force conclusions unwarranted by science and to shut down debate by vilifying those who do not share the approved view of the moment.

de Jong writes as if the prevailing liberal secularist worldview were not an orthodoxy at all, but stood neutrally above ideology, concerned

only with facts and the value-free public policy derived from them. In George's (2001) view, by contrast, there is a clash of orthodoxies between Judeo-Christian and secular-progressive (or secular liberal) worldviews—held not only by atheists, but also “those who, though remaining within religious denominations, have adopted liberal ideas about personal and political morality” (George, 2001, p.xiii) – rather than a clash between religious orthodoxy and secular reason. But George's position (and mine) leads him, not to an indifferentism in which one orthodoxy is as good as the other, but to the claim that “Christian moral teaching can be shown to be rationally superior to orthodox secular beliefs” (p.4), that is without appeal to scripture or revelation.

de Jong's letter tries to establish a fact-based, value-neutral stance in contrast to my “bias.” In this effort, the term “conservative” (as in conservative religious groups, publications, authors, and organizations) does important rhetorical work as denoting bias. There is a common but unargued assumption that by calling something or someone conservative, he has thereby already made an argument. By contrast, the word liberal does not appear in the letter, the idea apparently being that the author argues not from a rival ideological position but from reliance on facts, reason, and shared understandings based on them. In this clash of orthodoxies, only one side recognizes itself as an orthodoxy.

The problem with de Jong's “facts” is that they are not factual or, to the extent that they are, they do not translate unproblematically into law or policy as he seems to suggest. He complains about my referring to an “article” (really more a book or monograph) by Mayer and McHugh (2016) as a “careful review” of findings from the biological, psychological and social sciences on sexuality and gender, one of the findings of which is that there is “inconclusive evidence and mixed findings regarding the brains of transgender adults.” He does not show that the review, by a (liberal) professor of statistics and biostatistics and by the former psychiatrist-in-chief at Johns Hopkins University is not careful – even its strongest critics have concluded that it offers a fair and undistorted meta-analysis of a host of valid studies, taking exception rather to certain perceived omissions and failures to discuss how LGBT people live their lives (Ford, 2016). Instead de Jong adopts the familiar move of concentrating, not on what the meta-analysis says, but on where it was published and on the journal's links, in this case to the (conservative) Ethics and Public Policy Center, a Washington, DC-based think tank. He dismisses Mayer and McHugh's assessment that the research on the brains of transgender adults shows inconclusive evidence and mixed findings, as well as of concerns about family dynamics and social contagion.

To support his own more confident conclusion about the growing evidence that gender identity has a strong neuroanatomical component, he

cites one recent review that examines only literature that supports a biologic basis of gender identity (Saraswat, Weinand, & Safer, 2015). de Jong makes much of this conclusion, as if it ruled out other contributing or exacerbating factors and as if it justified (or mandated) ignoring social contagion or family pathology. He claims that this “growing evidence” is contrary to such concerns. But how is it contrary to them? No-one is outraged by the suggestion that alcoholism may have a biologic etiology while at the same time involving the influences of family pathology and social contagion. No-one assumes that if a biological vulnerability or etiology were involved in other body dysphorias like Body Identity Integrity Disorder or anorexia, those conditions would thereby constitute an identity rather than a disorder, or that they should be treated with surgery in line with patients’ subjective feelings or perceptions (e.g., amputation or liposuction).

Mayer and McHugh (2016), in finding the evidence inconclusive, review scientific literature with a range of findings whereas the study that de Jong cites examines only studies that support his preferred conclusion. The method of the Saraswat study runs a serious risk of confirmation bias, the tendency to search for and interpret information in a way that confirms one’s preexisting beliefs or hypotheses. The temptation is overwhelming when science becomes subordinated to advocacy. Mayer and McHugh, on the other hand, adopt a more tentative and careful (that is, a more scientifically conservative stance).

The contrast between the approach of de Jong and that of disinterested researchers may be seen in how the question of family dynamics is addressed. de Jong says, “To posit that family pathology is a cause or contributing factor in the development of gender dysphoria does an incredible disservice to the parents who support their gender-variant child.” In contrast, in their important new discussion of problems with puberty suppression in treating gender dysphoria, Hruz (a pediatric endocrinologist and associate professor of cell biology at Washington University), Mayer (professor of statistics and biostatistics), and McHugh (former psychiatrist-in-chief at Johns Hopkins) discuss the question of the sudden and very dramatic increase in referrals for gender identity issues, even of children younger than six, in Canada, the UK, and the US (Hruz, Mayer, & McHugh, 2017). They note that “The reasons for these rising rates are unclear. It may be that increased public awareness of gender dysphoria has made parents more willing to seek medical help for their children” (p.5). However, they worry,

the medical treatments provided for children with apparent symptoms of gender dysphoria, including affirmation of gender expression from the earliest evidence of cross-gender behaviors, may drive some children to persist in identifying as transgender when they might otherwise have, as they grow older, found their

gender to be aligned with their sex. Gender identity for children is elastic (that is, it can change over time) and plastic (that is, it can be shaped by forces like parental approval and social conditions). If the increasing use of gender-affirming care does cause children to persist with their identification as the opposite sex, then many children who would otherwise not need ongoing medical treatment would be exposed to hormonal and surgical interventions” (p.5).

Is this not a reasonable concern rather than one to be ruled out *a priori*, even as something one might reasonably posit, even as a contributing factor? Is it not just the sort of concern that should come quickly to mind, as a matter to be investigated rather than dismissed, by any social worker concerned with the social environment of human behavior?

Typical of de Jong’s approach to correcting me is his claim that I cite Bradley (2016) as my source for referring to potential “underlying problems.” He points out that Bradley’s essay was published in an online journal published by the (conservative) Witherspoon Institute. It is true that *Public Discourse* is an online publication by fellows and associated scholars of the Witherspoon Institute, a publication meant to be available and accessible to a general audience. Its authors are typically legal scholars, philosophers, and social scientists. It is not juried or footnoted, despite very useful links, and is not a journal of empirical research. Gerard V. Bradley is a distinguished legal scholar and ethicist who co-edits the *American Journal of Jurisprudence*.

So why do I cite this law professor, writing for a general audience about the intersection of law, policy, and the misuse of science in the political arena—rather than some empirical studies by Dutch researchers—as my source for concern about “underlying problems” associated with gender dysphoria? I don’t. I cite him for his argument about the relations between science and ideology in the political sphere, specifically how President Obama had come into office preaching the subordination of ideology to science but was himself now conducting an ideological “war on science” in rushing to impose, unconstitutionally, far-reaching measures and promoting radical treatments unwarranted by the state of the science. The point was the pressure of activists and their political allies to utilize the power of the federal government to foreclose debate and rush from preliminary and contested studies to bureaucratic mandates and regulations reaching deep into civil society.

Another tactic of LGBT advocacy and of my critic here is to smear professional organizations that dissent from the orthodox line, ascribing guilt by association. Thus he describes the American College of Pediatricians (ACP), which I cite as offering one view on gender transitions at a young age. He says that the ACP, “in spite of its impressive name, is actually a fringe organization opposing LGBT rights and labeled a ‘hate group’ by the Southern Poverty Law Center (Southern Poverty Law Center, 2016).”

The ACP is indeed a group of pediatricians and related healthcare professionals that dissents from the official position of the much larger American Academy of Pediatrics (AAP) with respect to the importance for children of being raised by a mother and father, and where possible, by their own two biological parents. Its position in that respect is – though not uncontested – well supported by social science (e.g., Allen, 2013; Allen, Pakaluk, & Price, 2012; Fitzgibbons, 2015; Potter, 2012; Regnerus, 2012) and does not differ from that of the not-so-fringe Roman Catholic and Eastern Orthodox churches and most Evangelical communions. All these Christian bodies reject the “revolution in parenthood” that, in this as well as other aspects of the sexual revolution, subordinates the interests of children to the desires of adults (Eberstadt, 2012; Esolen, 2014; Marquardt, 2006; Novak & Adams, 2015).

As for the Southern Poverty Law Center (SPLC), it is, as Carol Swain – a Black scholar, public intellectual, political scientist and expert on race relations with much direct experience of Southern poverty and racism – has argued, a classic case of mission creep. Straying far from its early mission and focus, the SPLC now labels as hate groups a wide range of morally conservative Christian groups, against which it incites hostility. Writing in the not-at-all conservative *Huffington Post*, Swain (2009/2011) concludes, “Rather than monitoring hate groups, the Southern Poverty Law Center has become one.” The SPLC has long ceased to be a reliable source of information on hate groups, but its continued vilification of conservative and Christian scholars and organizations alongside Nazis and the KKK still has an insidious influence in promoting hate and thuggery on campuses and in shutting down free speech, civil discourse, and scientific inquiry (Bier, 2017; James, 2017).

The relation of scientific inquiry and “facts” to policy is problematic, as Cass (2017) discusses in his new article on “evidence-based policymaking.” The article, tellingly, is titled “Policy-Based Evidence.” Both the generating of evidence to inform policy and the use of policy and political processes to produce the evidence are anything but straightforward. “Apparently,” the author drily observes of one study that failed to come up with the desired results, “a question is deemed ‘answered’ only if the answer is the right one.” Nowhere is the transition from research to policymaking more fraught with problems, or the relation between activists and scientists more problematic, than in the realm of LGBT issues. No-one who has studied the processes by which the American Psychiatric Association (APA) came to modify (and later remove altogether) any mention of homosexuality – a term coined in the nineteenth century to denote a psychosexual pathology – in its *Diagnostic and Statistical Manual of Mental Disorders* could believe that these changes resulted simply from disinterested scientific inquiry. They came after a campaign of disruption of professional meetings and

research presentations. As Bayer (1987), a professor of sociomedical sciences at Columbia and sympathetic to the activists, wrote in his book on the politics of diagnosis, “Instead of being engaged in a sober consideration of data, psychiatrists were swept up in a political controversy. . . . The result was not a conclusion based on an approximation of the scientific truth as dictated by reason, but was instead an action demanded by the ideological temper of the times” (pp.3–4). Many other accounts, whatever their view of the outcome, confirm that the decision to remove homosexuality as a mental illness from DSM had little or nothing to do with scientific inquiry.

The tactics of the activists, from disrupting meetings to demonizing and excluding critics and dissidents, have become familiar elements of the LGBT march through the institutions. They have been replicated many times since, most recently in February 2017 at the inaugural “scientific” conference of the US Professional Association for Transgender Health (a US region of WPATH, a heavily surgery-oriented organization which de Jong cites as authoritative). Hasson (2017), an attorney and fellow at the Ethics and Public Policy Center and admittedly not a sympathetic observer, provides a stunning account (with video) of how the conference was manipulated to exclude speakers and points of view that did not toe the party line. Responding to one lesbian critic’s characterization of transgenderism as a religious cult, Hasson (2017) comments:

Cult or not, it’s clear that the alliance of trans activists, blind wounded followers, and willing dupes in the medical community controls the airwaves, so to speak, of modern medicine. They have arrogated to themselves the right to rewrite history, silence critics, brand their own ideologically driven opinions as “fact,” and deny a hearing to researchers, clinicians, victims, and families whose evidence and experience run counter to their mandated cultish beliefs.

There are, at the least, surely, grounds for concern about the politicizing of science by LGBT activists from the 1970s to the present and for skepticism about de Jong’s framing of differences over the nature of transgenderism and the best therapeutic and policy responses to it as a conflict between science and religion, disinterested researchers and fear-mongering peddlers of Bible quotations. de Jong’s method is to set up a conflict between science and religion, an opposition between faith and reason of the kind advanced in the nineteenth century by academics promoting a conflict model of these relations (Draper, 1874; White, 1896). He sees a battle between a non-ideological understanding of the world based on facts, reality, and science on one side and, on the other, dark forces of conservative Christianity “emphasizing ideology, scripture, and fear.” As George (2001), who emphasizes none of those, argues, the clash of worldviews in disputed issues of love, marriage, sex, children, life, and death pits “morally

conservative Jews, Christians, and other believers against secular liberals and those who, though remaining within religious denominations, have adopted liberal ideas about personal and political morality” (p.xiii). Many of those liberal Christians may share the same conflict model of faith and reason as their secularist allies, but they are wrong to attribute such a view to their conservative opponents like George, Lee, Anderson, and other defenders of the Judeo-Christian moral orthodoxy in the public square, myself included. We see faith and reason, not as rivals but, in the words of John Paul II (1998) as “two wings on which the human spirit rises to the contemplation of truth.” ❖

REFERENCES

- Allen D.W. (2013). High school graduation rates among children of same sex-households. *Review of Economics of the Household* 11: 635–58.
- Allen D.W., Pakaluk C., Price J. (2012). Nontraditional families and childhood progress through school: A comment on Rosenfeld. *Demography* 47: 755–75.
- Bayer, R. (1987). *Homosexuality and American Psychiatry*. Princeton, NJ: Princeton University Press.
- Bier, J. (2017). The insidious influence of the SPLC. *Wall Street Journal*, June 21. Retrieved July 1, 2017 from <https://www.wsj.com/articles/the-insidious-influence-of-the-splc-1498085416>
- Bradley, G.V. (2016). President Obama’s sex-driven war on science. *Public Discourse*, August 2. Retrieved November 30, 2016 from <http://www.thepublicdiscourse.com/2016/08/17479/>.
- Cass, O. (2017). Policy-based evidence making. *National Affairs*, no.32, Summer. Retrieved July 1, 2017 from <https://nationalaffairs.com/publications/detail/policy-based-evidence-making>
- Draper, J. (1874). *History of the conflict between science and religion*. New York: Appleton.
- Eberstadt, M. (2012). *Adam and Eve after the pill: Paradoxes of the sexual revolution*. San Francisco: Ignatius Press.
- Esolen, A. (2014). *Defending marriage: Twelve arguments for sanity*. Charlotte, NC: Saint Benedict Press.
- Fitzgibbons, R.P. (2015). Growing up with gay parents: *What’s the big deal?* *Linacre Quarterly*, 82(4): pp. 332–336. Retrieved July 1, 2017 from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4771005/>
- George, R.P. (2001). *The clash of orthodoxies: Law, religion, and morality in crisis*. Wilmington, Del.: ISI Books.
- George, R.P. (2016). Gnostic liberalism. *First Things*, December. Retrieved Nov 30, 2016 from <https://www.firstthings.com/article/2016/12/gnostic-liberalism>
- Hasson, M. (2017). Threatening violence, trans activists expel un-pc research at medical conference. *The Federalist*, February 27. Retrieved July 1 from <http://thefederalist.com/2017/02/27/threatening-violence-trans-activists-expel-un-pc-research-medical-conference/>

- Hruz, P.W., Mayer, L.S., & McHugh P.R. (2017). Growing pains: Problems with puberty suppression in treating gender dysphoria. *New Atlantis*, Spring, pp.3–36.
- James, S.D. (2017). The Southern Poverty Law Center bears false witness. *First Things* (June 28). Retrieved July 1, 2017 from <https://www.firstthings.com/web-exclusives/2017/06/the-southern-poverty-law-center-bears-false-witness>
- John Paul II (1998). *Fides et ratio*. Retrieved July 1 from http://w2.vatican.va/content/john-paul-ii/en/encyclicals/documents/hf_jp-ii_enc_14091998_fides-et-ratio.html
- Marquardt, E. (2006). *The revolution in parenthood: The emerging global clash between adult rights and children's needs*. New York: Institute for American Values.
- Mayer, L.S., & McHugh, P.R. (2016). Sexuality and gender: Findings from the biological, psychological, and social sciences. *New Atlantis*, 50, Fall.
- Novak, M., & Adams, P. (2015). *Social justice isn't what you think it is*. New York: Encounter Books.
- Potter D. (2012). Same-sex parent families and children's academic achievement. *Journal of Marriage and Family* 74: 556–71.
- Regnerus, M. (2012). How different are the adult children of parents who have same-sex relationships? Findings from the New Family Structures Study. *Social Science Research*, 41, 752–770.
- Saraswat, A., Weinand, J. D., & Safer, J. D. (2015). Evidence supporting the biologic nature of gender identity. *Endocrine Practice*, 21(2), 199–204.
- Swain, C. (2009/2011). Mission creep and the Southern Poverty Law Center's misguided focus. Retrieved July 1, 2017 from http://www.huffingtonpost.com/carol-m-swain/mission-creep-and-the-sou_b_255029.html
- White, A.D. (1896). *A history of the warfare of science with theology in Christendom*. New York: Appleton.