

Gender Ideology: Where It Came From, What It Is, and What Are Its Consequences

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For thousands of years, “gender” was solely a *linguistic* term used in ancient languages such as Hebrew, Latin, and Greek, as well as in their more modern derivative languages. Most nouns and/or noun modifiers in these languages are assigned either the masculine or feminine gender. For words that are explicitly male or female, such as the Spanish words for male friend (amigo) and female friend (amiga), gender in language makes biological sense. Yet for most nouns in these languages, gender has no apparent relationship to biological sex.

Meanwhile, there have always been people who have been unhappy with their lot in life, including their biological sex. Some of those rare (until recent years) people have sought to live like those of the opposite sex. In 1978, the Journal of the American Medical Society (JAMA) published an editorial, highlighting a man that the author claimed to have “changed” or “reversed” his sex, advocating for efforts to “alter the body to fit the conviction [that one was born in the wrong body]”.¹ Such claims of sex change were the basis for the term “transsexual” (“trans” meaning “changed”) which was popular for a few decades. While major medical journal editors did not initially reject such claims and ended up embracing the idea that mental convictions of sexual identity should be honored above biological reality, the “transsexual” claim became indefensible. This is because scientists knew very well that while sexual appearance could be altered, one’s sex could not be changed.

In the early 1950s, a psychologist named John Money did his PhD dissertation on people born with ambiguous (not obviously male or female) genitals. That situation occurs in less than 0.02% of newborns and constitutes the majority of what are known as Disorders of Sexual Development (DSD). Dr. Money believed that nurture overruled nature in the first two or three years after birth for instilling a *permanent* sexual identity. Thus, individuals with DSDs could theoretically be “assigned” a male or female sex that they would come to accept as long as they were reared according to the assigned sex (“sex of rearing”). He

coined the term “gender” to describe an internalized sexual identity that was independent of actual sex and was determined more by external influences on thought and behavior than by biology. He infamously tried to prove his flawed theory by experimenting on a two-year-old identical twin who had already tragically experienced extensive penile destruction due to a botched circumcision. Dr. Money had the parents raise him as a girl. Despite reports that this child, raised as a girl, consistently resisted those efforts and later went public that he was a male, Dr. Money fabricated reports that the child totally accepted being a girl in order to give credence to his false theory. Sadly, both twins ended up committing suicide, but the scandal was never acknowledged as such by most of the psychological community, and the importance of an artificial “gender” identity became widely accepted without scientific validity.² In fact, many of those DSD individuals who had been “assigned sex” at birth later rejected their assigned sexual identity in favor of an identity that went with their chromosomal makeup.^{3,4}

The term “gender” in the context of human sexual identity was originally used in place of sex as denoting a male *or* female (binary) *identity* and increasingly was adopted by those rare (before the 1990s) individuals who were mentally at odds with their actual sex. Up until 2013, the psychiatric “bible” (Diagnostic and Statistical Manual or DSM) considered those individuals to have a gender identity *disorder*.² According to a more recent article, gender identity “describes one’s internal feelings of gender, for example, boy or girl, man or woman, agender (identifying as having no gender); or a nonbinary understanding of one’s gender.”⁵ In other words, “gender” is currently construed to be thoughts or feelings that one may have about their own sexuality. Yet gender relates to biological sex which the words “boys, girls, men, and women” describe. This more recent definition of gender rejects the former (when Dr. Money coined “gender” for a non-linguistic application) binary concept of gender.

Gender is commonly but incorrectly conflated with sex in recent decades. “Sex” refers to the biological process of reproduction. Females have the natural anatomy to form eggs (ovaries) and support offspring (uteri) when sperm are provided from males who have the anatomy that produces (testicles) and delivers (penis) sperm into the female (by way of the female vagina) where the union of the egg and sperm creates the next generation

individual. An individual's sex is *determined at conception*, identified at or before birth, and recorded soon after birth. It is NOT "assigned" at birth. Rarely, infants born with ambiguous genitalia due to disorders of sex development (DSD) require medical testing to determine their sex. Many individuals with DSD, it should be noted, have a reduced capacity to reproduce, which illustrates that DSD conditions are disorders of the sex binary, not alternative sexes. Yet, the medical literature has been filled with the false claim that sex is *assigned* at birth. Many medical authorities as well as educators and governing officials have bought into the unscientific and activist-promulgated gender ideology which utilizes this and other false terminologies.

Self-identity involves thoughts and feelings; [self] sexual identity is synonymous with gender identity, although some claim that "sexual identity" is linked to sexual desires whereas "gender identity" only pertains to a personal identity. "Orientation" in this context addresses behavior toward others more than self-identity. When a boy thinks he is a girl, he has a false sexual identity. "Male" and "female" are sexual and biologically objective terms, not subjective psychological or relative terms. Because transgender activists could not credibly justify the idea of changing sex, they turned to "gender" which was defined as sexual identity thoughts and feelings, thus conjuring up "transgender" which implies a change in gender identity. This "change" is based on the claim that sex or gender is "assigned" at birth, which it is not. Since newborns don't think about their own sexuality, they lack gender identities and can't have a gender assigned to them at birth.

What the activists have called "sex *reassignment*" (generally after doing major surgery to impersonate the opposite sex)⁶ is actually a *false sex assignment*. The activists have successfully promoted the confusion of substituting gender for sex, so that the average person doesn't know the difference. This has affected the majority of official and legal documents regarding a person's sex in the U.S and many other countries. Having a "gender-reveal" party sounds more polite than having a "sex-reveal" party, but the latter term would be more accurate. Terms like "trans-men" are inaccurate because men represent a sexual reality, not a thought about sexuality, and women can't be changed into men. Men and women can be mutilated and rendered infertile, which alters their sexual capabilities. They may acquire an opposite sex persona, but cannot truly change sex. Their

basic sexual composition that was determined at conception and mostly developed before birth can be altered physically but not changed to the opposite sex. Asking or insisting that others call a trans-identifying person by the wrong sexually-based pronoun is coercively asking or telling them to lie, which is just wrong.

An early claim by gender ideologues was that gender identity was stable or innate (back in the not so distant past when gender was considered binary). Thus, what used to be the most common “transgender” scenario of a boy thinking that he was or should be a girl was argued that the boy always had and would always retain a “female gender identity.” If that were so, he would not have changed gender and should not be called “transgender.” In more recent years, the exponential increase in people saying they are a gender that does not match their sex primarily involves adolescent females, most of whom prior to puberty had shown no discomfort with their biological sex. Along with this change in the “transgender” landscape came the proclamation that gender identity was fluid (can change easily). Inconsistency and ever-expanding thoughts and nomenclature are hallmarks of gender ideology.

One of the ways trans-activists try to legitimize their ideas is by calling people who have false sexual identities “transgender people,” implying that they were made that way. But personhood should not be defined by a false identity. A male is a male and a female is a female regardless of their thoughts or feelings. “Transgender people” have been described as “individuals who seek to change or have changed their primary and/or secondary sex characteristics through feminizing or masculinizing medical interventions (hormones and/or surgery), typically accompanied by a permanent change in “gender role.”⁵ Currently, “transgender people” or “gender-diverse people” refers more to those whose sexual identity doesn’t align with their actual sex, independent of medical interventions that might be requested at some future time to “affirm” the latest identity thoughts.

Interestingly, those who were previously considered “transgender” but later accepted their actual sex for their identity (“detransitioners”) are no longer “affirmed” by most in the “transgender community.” They are shunned and ostracized, often after undergoing severe and irreversible trauma from “affirming” interventions.² So much for “gender affirmation”

and “inclusion.” The only “gender” affirmed by gender activists seems to be one which is at odds with sexual reality, including “gender-diverse”, “nonbinary”, “trans-male”, and “trans-female.” Any attempt to question these delusions is considered by activists to be “conversion” therapy attempted by “transphobics.” Those are also false terms, although the damage resulting from transgender ideology is very real, extensive,² and worthy of widespread concern if not fear. It is not the victims who have bought into the ideology that some fear, but the ideology itself. The true and harmful conversions which have skyrocketed in recent years have resulted from social media, indoctrinated friends, schools, medical personnel, media, etc., after adopting the gender ideology nonsense.² They are conversions from normal males and females who knew they were such to transgender-identifying individuals. This delusional thinking is unfortunately all too often reinforced by misled peers, parents, teachers, psychologists, and other healthcare professionals.

Gender ideology has infiltrated almost every facet of society, including law. As previously noted, gender has been used in place of sex on many legal documents. In 2016, the U.S. Department of Health and Human Services issued a ruling on Section 1557 of the Affordable Care Act that interpreted “sex discrimination” to implicitly include “gender discrimination”, thus legalizing (not by the courts or the lawmakers) gender identity as a protected class.⁷ To be clear, everyone discriminates in one way or another. Gender ideology discriminates against sex by elevating thoughts about sexuality over actual sex. That is wrongful discrimination whereas discriminating against false thoughts, twisted terms, and harmful interventions is appropriate discrimination and should be both lawful and supported by society. So-called “sexual minorities” should not be compared to racial minorities. Race, like sex, is a biological genetic reality. All races should be afforded dignity and respect as should both males and females.

To further confuse the distinction between sex and gender, gender ideologues have emphasized stereotypic characteristics or preferences (“gender roles”) that are frequently associated with males versus females. These could include preferences for dolls and roll playing, cooking and crafts, tenderness, and babysitting or childcare for females. Male-associated characteristics and preferences include sports, aggression, and mechanical

inclinations. The truth is that “gender roles” are not limited by sex. For instance, a boy who prefers playing with dolls or stuffed animals over playing with trucks and engines is no less of a boy (male sex minor) than one who has the opposite preferences. Thus, the term “gender-nonconforming” is another conjured-up superfluous term meant to undermine the truth about sex being a binary biological phenomenon.

Despite using inaccurate ideas like “sex assigned at birth,” the historical perspective of the 2021 *New England Journal of Medicine*⁷ commentary accurately sheds light on the gender ideology movement. The author correctly said, “Gender identity’s unchangeability would become an axiom and justification for future gender-affirming therapy.” He then said, “The term ‘transgender,’ which emerged in the 1990s, was a response to this problem [activists at odds with “the medicalized concept of transsexualism and the concept of the ‘wrong body’”], allowing for myriad nonconforming and nonnormative forms of gender identity and expression.” It wasn’t until 2019 that the World Health Organization replaced “gender identity disorder” with the less accurate term, “gender dysphoria” in the *International Classification of Diseases* (diagnostic manual). The latest diagnostic term is “gender incongruence” which accurately describes the incongruence between a person’s sexual or gender identity and their actual sex. What it takes away from “gender identity disorder” is the fact that this incongruence is a disorder, not because of sex, but because of the sexual identity thoughts that are false.

All of the above alterations in ideas and terminology were designed to normalize and destigmatize the abnormal and to twist the truth. Consequently, these abnormal identities and perverse expressions of sexuality have skyrocketed in recent decades, no doubt aided with the endorsement of major medical organizations, mainstream media, and proliferation in social media. This has been accompanied by significant declines in marriage, fertility, mental health, and families composed of male and female parents and their children. Sexual fidelity and traditional nuclear families best promote thriving children, adults, and society.⁸⁻¹⁰

The high rates of depression and suicidal ideation, with or without serious or lethal suicide attempts in trans-identifying individuals can’t credibly be attributed to activist-claimed

“minority stress.”² Where were all the suicides in years past when society was not the least bit affirming of people impersonating the opposite sex? When “gender clinics” counsel parents that opposing “gender affirmative” interventions could result in suicide for their child, they may actually be promoting the suicidal ideation that they are warning about. The best long-term study regarding trans-affirming interventions including surgical interventions found the suicide rate to be 19 times higher in those who were fully “affirmed” than in age-matched controls ten years later.⁶ A study that claimed decreased suicidality in trans-identifying individuals who received versus wished they had been treated with puberty blockers actually revealed twice as many suicide attempts requiring hospitalization in the year preceding the survey data collection in those who received puberty blockers (45.5%) compared to the group that didn’t (22.8%).¹¹

The main reason given to affirm trans identities is to improve or resolve the associated mental distress (“gender dysphoria”), yet there are no good long-term studies that confirm a favorable long-term mental outcome with social, medical or surgical “affirmation. A 2021 comprehensive data review of 3,754 trans-identified adolescents in U.S. military families between 2010 and 2018 showed that gender hormone interventions led to 1.74 times greater mental health visits after versus before those interventions, as well as up to 3 times greater use of psychiatric medications.¹²

On the other hand, multiple harmful physical effects such as decreased bone density,¹³ decreased energy levels,¹³ and pathologically altered puberty result from puberty blockers. Increased thromboembolic pathology and strokes,¹⁴ altered immune function,¹⁵ increased tumors including breast cancer,¹⁶ gonadal dysfunction,¹⁷ and even sterility¹⁸ may result from the use of opposite-sex hormones. Surgical “affirmation” pathologically alters both function and form. Meanwhile, thousands of individuals are having their delusions reinforced while they are also being robbed of their normal development (puberty), normal anatomy, and often their fertility while their underlying psychological problems are ignored. This is all done on the basis of a self-diagnosis that is not questioned and often in young people with immature brains who couldn’t really understand the potential consequences even if those consequences were fully studied and known. What are proclaimed to be “standards of care” are only guidelines that have no legitimate credible backing. Experts in the field who

question the legitimacy of the actions taken by “gender clinics” are ostracized and silenced by the activist-controlled establishment.

What started as a linguistic twist to legitimize psychopathology and to try to override biology has resulted in mass confusion and even celebration of psychopathology that has proliferated enormously to the detriment of individuals who have been caught up in it. When will sanity and truth return?

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