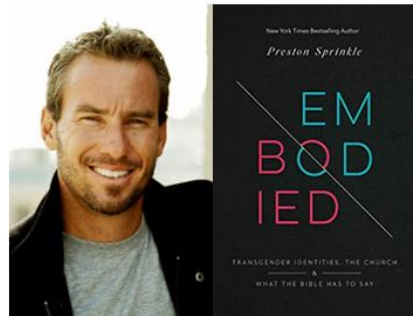




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Show Notes for
Embrace Webinar #21

Embodied: A Conversation on Transgender Identities and the Church

with Preston Sprinkle

Embrace webinar #21 summary:

Author and founder of The Center for Faith, Sexuality, and Gender, Dr. Preston Sprinkle offers insights from his most recent book, [*Embodied Transgender Identities, the Church and What the Bible has to Say*](#). Preston frames why this conversation is so important, provides hospitable language and defines terms, and answers questions related to this key question from a Christian perspective: “If someone experiences incongruence between their biological sex and their internal sense of self, which one determines who they are—and why?” Full webinar and resources available at <https://covchurch.org/embrace/webinar-21/>

Key takeaways and timestamps from webinar:

(5:00-9:44): Preston wrote *Embodied* to help Christians **think more deeply and love more widely** in the transgender identities conversation. Preston intentionally uses “identities” to diversify the conversation. Trans* is an umbrella term that includes other identities (gender fluid, non-binary, gender queer, etc.).

(9:47-12:09): The transgender conversation is so important because it: 1. **involves people** who have been marginalized and for the most part have experienced hurt by the church, 2. society has been structured on male and female lines and now there is **societal discussions** about how people identify, 3. it involves **basic questions about what it means to be human** (ontology).



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(12:10-16:10): Until the 1970s sex and gender were used interchangeably. Now, these terms are used differently. **Sex** is defined by biology. One is male, female, or intersex. **Gender** is “the psychological and social aspects of being male or female.” **Gender identity** is the internal sense of who you are: male, female, both, or neither. **Gender roles** are societal expectations of how males and females should act. **Gender expression** is how you express the internal sense of who you are.

(19:30-21:55): “LGB” has been lumped together with “T” as if sexual orientation and gender identity are similar, but they are different. “LGB” has to do with sexual attraction. “T” is a broad umbrella term for what gender you identify as. Most “LGB” people do not experience gender dysphoria (which is defined below).

(21:57-25:10): The underlying question of the book is: “**If someone experiences incongruence between their biological sex and their internal sense of self, which one determines who they are—and why?**” After five years of study, Preston concludes God determines who we are through our biological sex, in so much our biological sex is clear. Who we are is integral to discipleship (who God wants us to be), because discipleship means living as we were designed to live – living as divine images. He believes disciples of Jesus should as a part of their journey embrace their biological sex as a significant part of their identity.

(25:12-32:25): The terms **gender dysphoria** and **transgender** are related but not to be conflated. Not every trans person has a medical diagnosis of gender dysphoria. Gender dysphoria is a medical diagnosis with the DSM (Diagnostic Statistical Manual). It describes the distress a person experiences as a result of incongruence with biological sex and gender identity. It exists on a spectrum. It is malleable. For most children, gender dysphoria goes away naturally after puberty. It’s a mysterious and complicated experience between the body and the brain.

(32:28-37:39): In Western wealthy countries, there is a significant rise in teens identifying as trans*. Human identity is shaped by culture and this is especially true for teens. Teens can experience rapid-onset gender dysphoria when immersed in cultures nudging them to question their biological sex and identify as trans.



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(42:30-50:00): There is not consensus in the medical community about how to care for transgender youth. Preston highlights three different approaches: 1. **Watchful Waiting**: wait before intervening, since 61-88% of children's gender dysphoria goes away after puberty without intervention; 2. **Bio-Psycho-Social Model**: focus on psycho-social treatments before (if ever) considering a path of medical transition prior to adulthood; 3. **Gender Affirmative-only Model**: assumes that gender identity is always more innate, accurate, and authentic description of who a person really is, and if gender identity conflicts with the person's biological sex, then the latter should be changed, not the former. For a more robust answer read Preston's blog post [here](#).

Resource mentioned:

[Embodied: Transgender Identities, the Church and What the Bible has to Say](#) By Preston Sprinkle