Transgender

Amid public celebrations of gender fluidity the pastoral issues surrounding transgender need our understanding – and a loving response, writes CLAIRE SMITH.

IN MAY 2014 THE COVER STORY OF TIME MAGAZINE announced that we had reached a “transgender tipping point”, in sociology, a tipping point is where a minority gains enough support and acceptance to change the minds of the majority, so that long-held attitudes are rejected and reversed, and the momentum of change moves in an entirely new direction. It is where the experience of pushing up a hill gives way to rolling down the other side.

As if to make the point, a recent survey conducted in the United States by a Christian research group showed that opinions in the general population on the morality of medically or surgically changing genders are neck and neck. When the responses of “evangelicals” were excluded, a clear majority condemned changing genders (68 per cent). It seems that Australia is no different. Our media is awash with sitcoms, movies, documentaries and interviews embracing transgenderism.

The federally funded Safe Schools Coalition material places the right of students to choose and express their gender at the forefront of school culture and condemns “heteronormativity” – the view that biological sex and gender are binary (male or female) and correspond, and that sexual relations are rightly between people of opposing sex.

Catherine McGregor, the world’s most senior transgender military officer, was applauded in a Qantas airport lounge by a crowd of suit-wearing businessmen, and was a finalist for 2016 Australian of the Year for being a “diversity champion”.

Schools, university colleges and sporting clubs the world over are scrambling to develop transgender policies. Legislation is being challenged and changed. Doctors are working out treatment protocols. And some church camp forms now list a third “other” gender option alongside male and female.

These are new developments and, as the tipping point claim implies, they have left many of us feeling like we are playing catch-up. Everyone is playing catch up!

TRANSGENDER: WHAT ARE WE TALKING ABOUT?

For decades, the impact of feminism has made debates about gender and gender roles commonplace outside and inside the church. More recently, questions about human sexuality and same-sex relations have occupied us.

Yet, for all their differences, all sides in these debates have agreed that

Southern cross  \nSEPTEMBER 2015
Transgender - truths and trials

Amid public celebrations of gender fluidity the pastoral issues surrounding transgender need our understanding - and a loving response, writes CLAIRE SMITH.

In May 2014 the cover story of TIME Magazine announced that we had reached a “transgender tipping point”. In sociology, a tipping point is where a minority gains enough support and acceptance to change the minds of the majority, so that long-held attitudes are rejected and reversed, and the momentum of change moves in an entirely new direction. It is where the experience of pushing up a hill gives way to rolling down the other side.

As if to make the point, a recent survey conducted in the United States by a Christian research group showed that opinions in the general population on the morality of medically or surgically changing genders are neck and neck. When the responses of “evangelicals” were excluded, a clear majority condemned changing genders (68 per cent).

It seems that Australia is no different. Our media is awash with sitcoms, movies, documentaries and interviews embracing transgenderism.

The federally funded Safe Schools Coalition material places the right of students to choose and express their gender at the forefront of school culture and condemns “heteronormativity” – the view that biological sex and gender are binary (male or female) and correspond, and that sexual relations are rightly between people of opposing sex. Catherine McGregor, the world’s most senior transgender military officer, was applauded in a Qantas airport lounge by a crowd of suit-wearing businessmen, and was a finalist for 2016 Australian of the Year for being a “diversity champion”.

Schools, university colleges and sporting clubs the world over are scrambling to develop transgender policies. Legislation is being challenged and changed. Doctors are working out treatment protocols. And some church camp forms now list a third “other” gender option alongside male and female.

These are new developments and, as the tipping point claim implies, they have left many of us feeling like we are playing catch-up. Everyone is playing catch-up.

TRANSGENDER: WHAT ARE WE TALKING ABOUT?

For decades, the impact of feminism has made debate about gender and gender roles commonplace outside and inside the church. More recently, questions about human sexuality and same-sex relations have occupied us.

Yet, for all their differences, all sides in these debates have agreed that human beings are male or female and that biological sex determines a person’s gender.

However, it is this binary distinction of male and female, and the correspondence of biology and gender, that are in question with transgenderism – or the “T” in the LGBTI acronym.

Transgender is an umbrella term for people who were born either male or female, but whose psychological or emotional gender identity differs from their biological or birth sex to varying degrees. Transgender people want to express their felt gender through gender bending/cross-dressing and sometimes through cross-hormone therapy and/or sex reassignment surgery, to try to bring their body into alignment with their felt gender (NB. The older term “transsexual” refers to someone who has – or wants to – change their body).

There are two main groups under the transgender umbrella. There are gender experimenters, ideologues and activists, who challenge conventional expressions of gender and think that gender is simply a social construct, and chosen and fluid. By contrast, the second group has a binary view of sex and gender but experiences varying levels of distress from a felt incongruence between their gender identity and bodily sex. This article focuses on this second group.

Transgender is not to be confused with intersex (the “I” in LGBTI). Intersex describes those rare conditions where a person is born with biological or physical ambiguity in their sex characteristics, genes or anatomy. These are physical not psychological and emotional conditions. Accordingly, some people with intersex conditions do not wish to be identified with the LGBTI movement because their condition is biologically based and does not concern sexuality or gender identity.

I will not address intersex issues here except to say that although such conditions are rare we should expect to have those with intersex conditions in our church communities, and although they may choose to keep their experience private, our teaching and pastoral ministry must be sensitive to, and seek to address, their needs.

NOT AT HOME IN THE BODY: GENDER DYSPHORIA

Gender dysphoria is the new medical term for the experience of clinically significant distress associated with a mismatch between a person’s biological sex and gender identity. It replaces the earlier diagnosis of “Gender Identity Disorder”, which focused on the incongruity or mismatch itself.
With the new terminology this mismatch is no longer considered a disorder, rather it is the distress associated with it that is the concern and focus of treatment. Thus, a person with gender incongruence but no associated distress is not thought to have a mental health issue, and the goal of treatment is alleviation of the distress rather than alignment of gender identity with biological sex.

There is currently no clear answer for what causes gender dysphoria, although it seems likely to be a combination of nature and nurture and the interplay of both. One thing, however, is clear: no one chooses to have genuine gender dysphoria. It is a deep distress that impairs a person’s ability to function socially, occupationally and in many other areas of life. Inasmuch as it is involuntary, it is a morally neutral condition.

How many people experience gender dysphoria? The exact numbers are difficult to determine, and there are wide variations in statistics, but estimates suggest that it is fewer than 1 in 10,000 adult males and 1 in 30,000 adult females.

Statistics for children are even more complicated. Some boys and girls express a desire to be the opposite sex or dress or act in ways not typical for their sex. Well over 80 per cent of these children go on to resolve their gender confusion and accept their biological sex before reaching adulthood. It is not known why this confusion resolves in most and yet persists in some others.

Either way, the current trend to allow and encourage children to change genders socially (name, pronouns, clothes) – and even begin medical intervention (puberty blockers, lifelong cross-hormone therapy and surgery) – seems most ill-advised when gender issues do not persist in such a significant majority.

In The Telegraph 57-year-old British actor Rupert Everett recently said he is glad he is not growing up now, because he wanted to be a girl until he was 15, and nowadays he would have been “put on hormones” and “be a woman”.

There are also concerns about misinformation, peer pressure and social contagion.

A Christian GP in a regional adolescent mental health clinic, Scott* has observed that the gender clinics, websites and forums his patients consult uniformly “promote concrete thinking about the need to transition”, but the young people themselves often have very unrealistic ideas of what is involved in medical and surgical transitioning to another gender.

In many instances, too, these young people believe “transitioning will be a broad solution to all of life’s problems”.

Scott is concerned that many doctors feel pressured to facilitate gender change rather than looking at other treatment options. However, while some doctors aggressively try to stifle discussion and concerns, he believes the medical community is increasingly open to exploring non-invasive means of resolving gender dysphoria.

WHAT DOES THE BIBLE SAY?

While there are many reasons to be concerned about our society’s embrace of transgender ideology, there are also two up sides: we are now more aware of the great pain some among us experience, and we are taken back to the Scriptures to see how God’s word speaks to us on these matters.

The first chapter of the Bible tells us that God made humanity male and female, and that this binary sexual distinction is part of being made in his image and his good purpose for us (Gen. 1:26-28).

Genesis 2 develops this further, when we meet the first man and woman and they are
Some boys and girls express a desire to be the opposite sex.

The new terminology this mismatch is considered a disorder, rather than being associated with ill health. The goal of treatment is alleviation of distress rather than alteration of gender with biological sex. It is currently no clear answer for what gender dysphoria, although it seems to be a combination of nature and nurture, independent of both. One thing, however, is that it is not thought to have a mental health problem. The gender identity of young people themselves often have very unrealistic ideas of what is involved in medical and surgical transitioning to another gender. In many instances, too, young people believe “transitioning will be a bad solution” to all of life’s problems.

Socot is concerned that many doctors feel pressured to facilitate gender change rather than looking at other treatment options. However, while some doctors aggressively try to stifle discussion and concerns, he believes the medical community is increasingly open to exploring non-invasive means of resolving gender dysphoria.

DOES THE BIBLE SAY?

While there are many reasons to be concerned about society’s embrace of transgender ideology, there are also two upshots: we are more aware of the great pain some gender-confused people experience, and we are taken back to the Scriptures to see how God’s word speaks to us on these matters.

The first chapter of the Bible tells us that God made humanity male and female, and that this binary sexual distinction is part of being made in his image and his good purpose for us (Gen. 1:26-28).

Genesis 2 develops this further, when we meet the first man and woman and they are joined in marriage. The correlation of biological sex and gender can be seen as the male and female of Genesis 1 become the man and woman (husband and wife), and eventually father and mother of Genesis 2 and beyond.

Male and female, man and woman, are equally blessed and charged to “fill the earth and subdue it,” yet they are different beings with different roles. And without this distinction God’s creation is not good (Gen. 2:18; cf. Gen. 1:1). In the New Testament, Jesus affirms this distinction in God’s design as part of his understanding of marriage, saying “at the beginning of creation God made them male and female” (Mark 10:6-7; Matt. 19:4-5). At the same time, the Bible is not unaware of those who do not strictly reflect this binary distinction. In the same conversation, Jesus also mentions those who were “born eunuchs” (these would be regarded as intersex individuals today) or “made eunuchs by others” (Matt. 19:12). These texts are indications of the sad reality that, since the Fall in Genesis 3, this creation and all human nature bear the scars of our sinful rebellion against God. The harmony of God’s creation has been lost, such that our relationship with God is now broken, as are all human relationships, our relationship to the created world and the wellbeing of creation itself (Rom. 8:19-22).

Our existence is an exception to this. They are subject to frustration, death and decay through afflictions of the body and the mind. But God’s intentions for us as male-men and female-women remain. We see this in the gendered relationships God established for human society: wives, husbands, fathers, daughters, sons, nieces and so on; in Jesus’ affirmation of God’s original design; in prohibitions against blurring sex and gender distinctions through gender bending or adopting the appearance of the opposite sex (Deut. 22:5; 1 Cor. 6:9; 11:4-15); and in the Christ-church-gospel signpost of human marriage (Eph. 5:21-33).

Our bodies, and what we do with our bodies, matter to God.

How to respond

The accepted wisdom is that if you’ve met one transgender person you’ve met all transgender people. This should caution us against having rules about what to do or not do. We’re all different, whether or not we have gender issues and we learn to care for one another by sharing our lives together. The following suggestions are no substitute for that.

Do

• show love and compassion
• listen carefully
• be patient and committed to the person for the long term
• be concerned for the whole person and not just their gender issues
• offer companionship to the person and their family
• be aware that photos and mirrors may cause distress
• make it easy to come to church (e.g. gender-neutral bathroom option)
• organise some mixed gender church activities (such as mixed Bible study groups)
• encourage others to reach out, especially to children in youth groups
• be committed to the goodness of God’s design of male and female
• talk to your children about these issues and share what you know with them
• focus on eternal matters

Don’t

• be quick to name, exclude or isolate
• judge, dismiss or mock their experiences
• make them into a celebrity or spectacle
• have rigid gender stereotypes, especially for children
• ignore the needs of children who don’t fit gender stereotypes, especially children
• make jokes about gender non-conforming people
• be ashamed to speak biblical truths sensitively

Resources

• Christian Medical Fellowship Filos, “Gender Dysphoria,” https://www.cmffilos.org.uk/resources/content?contextarticleId=26499
• “Gender Confusion: A Pastor’s Perspective” – April 2016 talk by Bob and Claire Smith for the Priscilla and Aquila Centre: https://vimeo.com/163147577
• “Christian website for transgender issues: http://parakato.co.uk
• The Sydney Doctrine Commission and newly formed gender issues subcommittee of the diocesan Social Issues Committee are preparing reports for Synod 2017.

24-hour emergency support

• Lifeline 13 11 14
• Beyond Blue 1300 221 466 (NB. Both of the above are secular organisations)

Cover feature

Southern Cross SEPTEMBER 2016
As with any burden or life circumstance, our ultimate goal is that people will know and trust the Saviour.

What about names and pronouns?
My own practice is to use the person’s preferred name, as I would do with anyone. Because of the distress it can cause, I avoid using gendered pronouns and titles for the person while I am with them and instead use their name.

This does not mean the burden of gender incongruence or dysphoria will be lifted. While nothing is impossible for God, reportedly complete relief from these experiences is uncommon if they persist into adulthood.

I said earlier that gender incongruence and dysphoria are not moral issues. As consequences of the Fall, they just are. No one chooses this and most sufferers would do almost anything to find relief from it. And it is here that questions of right and wrong come into play.

The current trend in treatment is to take steps — socially, hormonally and surgically — to change a person’s body so it aligns with their felt gender identity. But there is a firm minority opinion, including from those who pioneered sex-change treatment, that treatment should focus on the mind and seek to align the mind with the body, not body with the mind — not least because the attempted suicide rate among transgender people is considerably higher than that of the general population, and is not significantly decreased by sex reassignment. In fact, after transitioning some openly admit that sex reassignment was a false hope. There are also health risks associated with prolonged use of cross-hormone therapy.

Add to this the positive teaching of Scripture: the clear understanding of humanity as male and female in the image of God, the goodness of our bodies, entrusted to us by God, our nature as embodied selves in gendered relationships: the need for us to find our identity and contentment in Christ; and the expectation of this current life being one of groaning as we await our eternal clothing.

AT HOME IN THE BODY OF CHRIST
I said above that the transgender social phenomenon is pushing us to re-examine the Bible for God’s wisdom and opening our eyes to the burden some people carry — including fellow members with us in the body of Christ. As someone who has sat in conversation with people experiencing gender identity issues, I know the burden is real, and may even seem overwhelming.

But it is not a burden that must be carried alone. God has promised not to leave us or forsake us and gives us his Spirit in generous measure...
This does not mean the burden of gender incongruence or dysphoria will be lifted. While nothing is impossible for God, reportedly complete relief from these experiences is uncommon if they persist into adulthood.

I said earlier that gender incongruence and dysphoria are not moral issues. As consequences of the Fall, they just are. No one chooses this, and most sufferers would do almost anything to find relief from it. And it is here that questions of right and wrong come into play.

The current trend in treatment is to take steps—socially, hormonally and surgically—to change a person’s body so it aligns with their felt gender identity. But there is a firm minority opinion, including from those who pioneered sex-change treatment, that treatment should focus on the mind and seek to align the mind with the body, not body with the mind—not least because the attempted suicide rate among transgender people is considerably higher than that of the general population, and is not significantly decreased by sex reassignment. In fact, after transitioning some openly admit that sex reassignment was a false hope. There are also health risks associated with prolonged use of cross-hormone therapy.

Add to this the positive teaching of Scripture: the clear understanding of humanity as male and female in the image of God; the goodness of our bodies, entrusted to us by God; our nature as embodied selves in gendered relationships; the need for us to find our identity and contentment in Christ; and the expectation of this current life being one of growing as we await our eternal clothing.

AT HOME IN THE BODY OF CHRIST

I said above that the transgender social phenomenon is pushing us to re-examine the Bible for God’s wisdom and opening our eyes to the burden some people carry—including fellow members of us in the body of Christ. As someone who has sat in conversation with people experiencing gender identity issues I know the burden is real, and may even seem overwhelming.

But it is not a burden that must be carried alone. God has promised not to leave us or forsake us and gives us his Spirit in generous measure to comfort us and help us in our time of need.

As with any burden or life circumstance, our ultimate goal is that people will know and trust the Saviour. Jesus is not about making gender-conforming people who do not know him, or have not found him, or live (as a man) so that we might know him and have life to the full (John 10:10-15). And loving our transgender or gender dysphoric neighbour means sharing the love of Christ with them in word and deed, so they might come to know him, too.

This might mean getting alongside people who are quite different from us, but it will definitely mean listening to them, caring practically for them and living from the heart. It will also mean telling them that the peace they are looking for can only be found in knowing Christ.

John Hilton (whose story I use with permission) knows this to be true. John lived for many years as a woman before he heard about the love of Jesus and was saved. He tells how, with the pastor’s knowledge, he was baptised as a woman complete with thick make-up. The pastor’s view was that the church accepted people as they came and it was God who changed people.

Some years later, John had a strong conviction God was calling him to give up his female identity and live as a man. He cried, “Lord, I can’t do that but ask anything else from me and I’ll do it.” Yet the conviction remained, and John knew what he had to do.

The years since have seen gradual rather than instant change, but John is now a much-loved husband and a humble testimony to the grace and power of God. He says, “I gave my life to Jesus and he made me into a man, I’m free at last”. For others, the experience is with gender-conflicted children. Primary schooler Libby wanted to be a boy from her earliest days. As a Christian, her mother Jane believed Libby’s best interests were served by resolving her gender confusion and finding peace in her own body. But it was difficult to find doctors who had not embraced transgender ideology, and Jane did not want Libby labelled, only then to grow into the label. Eventually, with help from their minister, they found a child psychiatrist willing to accept their beliefs.

They have worked with the doctor and Libby’s school to find ways of managing her distress, to encourage her connection with other girls and to break down rigid gender stereotypes. Sadly though, as a family they feel let down by church. Some people have made simplistic and insensitive comments about Libby’s appearance, and long-term relationships with possible role models like youth leaders have not happened.

To other parents and pastors Jane says, “It’s not a matter of forcing them out of it. It’s not something to be scared of or embarrassed about. God is big enough to deal with it, as with everything else”. Both these stories tell us that faith in Christ is no instant solution to gender issues. But God is patient with us all, and so—in our love and care and expectations of those so afflicted—there is need for patience and wisdom: grace and truth.

We are in the midst of rapid social change but God’s word does not change and he does not change. If we are to navigate these times and offer hope to our world, and if we are to be faithful when those issues touch us personally, we must— with God’s help—hold confidently to the truth and goodness of his word and will, and gently help our sisters and brothers do so, too. 🙏

Names have been, and gender may have been, changed.

Clem Smith writes as a Bible scholar and former nurse, with a lived one who is transgender. She is not a medical doctor, psychologist or counsellor and has no professional expertise in the treatment of gender dysphoria. Below are links to a range of references she has used for this article.

Reference links
- Christian Medical Fellowship – bit.ly/GDmin
- The American College of Obstetricians – bit.ly/GDacods
- "Transgender surgery isn’t the solution" by Dr Paul McHugh. Former psychiatrist-in-chief at Johns Hopkins Hospital, Maryland. Written for The Wall Street Journal in 2014 and updated in May 2016
- PLOS (science and innovation publisher) Long-term follow-up study of people after sex change surgery – bit.ly/GDLongTerm
- www.sexchargeexpert.com
- International Journal of Transgenderism: Onset of Type 2 diabetes with feminising hormone therapy – bit.ly/GDtrans

About names and pronouns

In practice is to use the person’s preferred name, as would be anywhere. Because of the distress it can cause, I avoid using the pronouns and titles for the person while I am with and instead use their name.