

Care-givers and Crossdressers

 help4families.com/care-givers-and-crossdressers

Author's note: All names used are changed in order to protect the identity of those involved.

Transgender confusion and crossdressing is becoming so popular and widely accepted in today's permissive "anything goes" cultural climate. There are many websites and email groups now in existence which support the popular notion that there is nothing wrong with those who engage in these activities...and that to suggest there is comes from an uninformed, bigoted, and intolerant evil, proposed by wild right wing religious fanatics who are completely out of touch with reality and the twenty first century. But that's just not the case. Read on.

This website explores other options without getting into judgmentalism, or consigning people to hell for their sexual and gender identity disorder. It also provides help for family members, spouses, clergy, counselors and anyone interested in an honest and candid look at the underlying reasons for such activity and its resolution. The website is produced by a married couple who have worked together towards the husband's resolution of his life-long battle with gender confusion. We want to provide you with sound Biblical and Psychological insight into understanding and dealing with this condition. If you are ready for a taste of reality and open-minded discussion, then this is the article for you. You can find workable approaches to coming to terms with these internal emotional conflicts and read the accounts of many others who have done the same.

This site also introduces you to the wife of a transsexual who now shares her story in depth, as well as her many insights, with other struggling wives.

Eric schedules telephone appointments to personally speak with you and help you understand the true motivations for what you or your loved one is doing. You will discover many written publications, as well as audio and video tapes that they have produced for you to better comprehend the reasons for such confusing notions. They also provide weekend seminars for those dealing with these matters. This couple has been doing this kind of outreach for 16-17 years and has understandably become very well informed about these issues. They can ultimately put you in touch with others like yourself who have found lasting freedom from transgendered behaviors and desires.

God has a plan for your life and it mainly consists in your fulfilling your God-given destiny in your congruent self, not the fractured, damaged, and self-created identity that has dominated your thinking and emotions, resulting in so much conflict and pain. Become a part of God's intention and learn to live in your God-given identity with incredible peace and purpose. It takes courage to change, but you too can do it.

This was a response Betty gave to a man who fervently opposed the work we do to help a person come to terms with the reasons & resolutions for their transgender desires:

Dear K,

Your thoughts brought back lost of memories. I lived with a man for over 20 years who thought very much like that much of the time. And I understand that when that is your mindset and you "fellowship: with others who support you in it, it would be foolishness for me to try to convince you otherwise.

But I will tell you assuredly, that as a wife who once lived with a man who thought that way and who believed he was a woman trapped in a man's body and who at one time went on hormones, etc. I want you to know that it is an agonizing experience for a wife. Not only have I once lived it, but over the last 10 years I have spoken with many wives (and continue to each week) who are in the midst of it right now. Their husbands want them to accept it. Their husbands want to wear the negligees to bed with their wives. They want their wives to, in essence, turn into lesbians. And these women are heterosexual, but their husbands try to force this on them. Their husbands want to dress that way in front of their children, so they would have two mommas instead of a momma and a daddy.

These men are totally self-absorbed. They do not consider the damage this is doing to their children or their wives.

I now live with a man (the same man I spoke of earlier) who is now at home in his masculinity, who treats me with respect and dignity. Who is a caring and compassionate man, a wonderful husband and a great grandfather to his 9 grandchildren because I have seen first hand the changes that occurred in him over the years as he untangled and dealt with the root causes for his gender-identity confusion, as he read books, sought counsel, received inner healing prayer, etc. etc and did the hard work of recovery.... because I know for a truth that there is hope for men who are in the same boat he once was inbecause I know that there is hope for these men and their wives and children and grandchildren, I want to shout it from the housetops... "There's FREEDOM! Real, lasting Freedom from the agonizing, self-destructive, self-defeating life that comes with transsexualism and the damaging effects it has on families."

I know you do not understand what it is like to be the wife of a transsexual. But I do. And my passion is to touch the lives of wives, as Bob touches the lives of men, and come alongside them, and walk with them into the freedom we have found.

Blessings!

Betty

The Vision of the Marriage Car

We come to God's Altar and we make our marriage vows. I said, "I choose you, _____ to be my beloved husband. You said, "I choose you, _____, to be my beloved wife. Together we said. "From this day forward, to become one with you and to share all that is to come, and I promise to love you, to care for you, and to be faithful to you until death parts us." We get into the car, the Marriage Car. You are in the driver seat and I am on the passenger side. Later there are children are in the backseat.

We are on a mountainous road with many curves. The road is called the Path to Righteousness. You start to drive the car close to the edge of a cliff. Then you break through the guardrail that is God's boundary line for me. You say, "I am Woman and I want you to still be my wife." As I listen to God I hear Him say to me, "Woman marries Man. Woman should not marry Woman." To marry a woman violates my sense of right and wrong.

Now we are driving on the narrow shoulder outside the guardrail with my side of the car hanging over the cliff edge. The ride is becoming more emotionally violent as you fight to maintain control of the Marriage Car while driving outside the guardrail. I see the dangerous place that we are in – outside God's boundaries. I become more and more afraid of the crash that will send us plummeting over the cliff edge on the rocks below. I scream at you," Get back to the road where we will be safe. " I grab the steering wheel and try to steer us back to the road. I shout at you, "You are going to wreck the Marriage Car and I will die!"

We struggle for the control of the Marriage Car and there is anger, hatred, and bitterness building between us. I know it is not a good ideal for me to put my hand on the steering wheel trying to take away your position as the leader and guide of the Marriage Car, but I do it out of panic. I push you and put my hands from the wheel. I tell you "I'm scared!!!!" You say, "Nonsense. The edge is rough but we will make it OK." You deny the inevitable crash.

The piece of truth that I was missing is that in this frightening, painful 18 years is that when you broke the guardrail and violated my trust, I had every right to get out of the Car and go back to stand on the road called Path of Righteousness. In the language of our culture, the contract was made under fraudulent terms, in deceit. You said you were Husband as we made our vows. After a time you said you were Woman. Therefore the covenant was broken. I am released from it. I can finally claim the TRUTH. "The truth will set you free." I do not want to be married to a woman, because as I listen to God I hear Him say "That is wrong for you." To be married to a woman violates

my sense of right and wrong.

I have had a deep sadness, then anger, then hatred, then bitterness. I heard other Christian voices say to me, "You should do everything possible to keep your marriage together. You need to obey your husband. " Yet my heart was saying, "To obey this person violates me. When we have sex I feel deep despair. My inner voice says, "Women should not have sex with women."

So now I am taking my hand off the steering wheel of the marriage car. I am saying, "STOP the Car, I'm getting out of the Car because I don't want to go over the cliff with you." To honor God and to honor myself I need to listen to the inner voice: "Woman does not live married to a Woman." You may have control of the Marriage Car. That is your position as the Driver. If you want to crash the Marriage it is your choice.

What about the children in the back seat of the car? I see that they are battered and bruised by the violent ride. I see that our son has an angry wound and he may die. They need to be out of the Car also and stand on the road marked "Path of Righteousness." We will walk down the road together. There will be others who pass us in their Marriage Cars. They will say, "That woman should have stayed in her Car. Doesn't she know that the road is easier for children in the Marriage Car?"

It is true the best way for children to make a smooth passage on the Path is in a Marriage Car. For years I have stayed for their sake. Now I see that they need the Path more. So we will walk down the road. It will be harder than riding in the Car. We will get sore feet and fatigue. But God will walk with us. He will hold our hands. He will provide safe pastures and still waters to restore us.

What about you? What will happen to you when you drive the car off the cliff and crash on the rocks below? The truth is I don't know and you don't know. Only God knows. The Car will certainly be destroyed, but you may walk away miraculously unscathed and find your own path. Or you may be wounded, then crawl back out of the deep ravine to join us on the road. We will crash. Only God knows. This week He has been telling me, "Step out of the way. _____ is my child and I will deal with him."

I say, "Lord, here is my marriage. The Lord gives and the Lord taketh away. Blessed be the name of the Lord. He leads me in Paths of Righteousness for His namesake. Lord, here is _____. He is your child. It was wrong of me to try to push him, to protect him. He is in control of his body, his mind and his spirit. You may have him."

OUR CHRISTIAN CONFESSION

"We have not been genuine in our relationships. We have hidden the dark side of our hearts and neglected to let one another know of our secrets and pain. We have lived a very bland form of Christianity, holding to a form of godliness but denying the power of God to change us.

Afraid to honestly expose our own sins we have shoved away God's offer to help and restore our wounded hearts. What we have allowed people to see is our false veneer or that which appears like what Christians are supposed to look like. Our hypocrisy has robbed us of many vital relationships and the healing God has provided through His Body, the Church.

Our insecurity has driven us to appear successful and spiritually alive. We have built temples to worship our own achievements and united collective activity of doing something for God. We have not made it our practice to become fully engaged with messy people who are trying to break self-destructive patterns, which will take a lifetime to heal. In our insecurity and fear we have been afraid to associate with those who are too ashamed to mention their private struggles and sins, taking away any prospect of hope from desperate people.

There is such dishonesty among us and a refusal to deal with things as they truly are. Many who have tried to find love and answers to their heart's longings, have instead been groomed and accosted by leaders in illicit sexual encounters, and innumerable emotional and spiritual abuses.

We have been more concerned about how we've looked than in how we've loved. Our unspoken agreement has been, "I will not talk about my sin if you don't mention yours."

We have "kept family secrets" and enforced the "no talk rule" and "don't feel rule" of our composite dysfunctional families. We've said in effect that sex sins are more shameful than other sins, and that sexual perversions are the worst sins of all. We've fed the very dynamics of shame that have kept all of us bound, impotent, and ineffective to set captives free.

Though our Heavenly Father is always seeking people in His great, compassionate love, we have for the most part rejected those who would make us uncomfortable. We have not provided a safe place of refuge for those coming out of crippling emotional conditions, either within our church or in our hearts.

When you have wanted and needed a safe, loving family in which you could be nurtured into health, we have not been there for you. Perhaps you've given up hope that there is such a place.

Would you please forgive us, Mighty God, for our complacency, hypocrisy and self-protective love? Would you, dear friend, please come home to the embrace of our Father as reflected in our care for you and our mutual desire to be "Jesus with skin on" to you? You're part of us, it's your birthright, and we need you.

(Adapted from Rev. Ed Flook's statement of repentance, Vineyard Christian Fellowship, Kalamazoo, Michigan).

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DEFINITIONS OF TERMS

"TRANSVESTIM" (ACROSS GENDER-SPECIFIC CLOTHING LINES)

A condition in which sexual arousal and orgasmic pleasure is obtained by dressing in the clothes of the opposite sex. It can occur in both homosexuality and heterosexuality. It is characterized by a momentary desire to dress and be accepted as a member of the opposite gender in order to escape reality and relieve emotional tensions. It is

usually done within the privacy of one's own home and typically remains a most private and well-hidden fantasy life.

"TRANSGENDER" (ACROSS GENDER LINES)

A condition in which one feels inwardly incongruent in his/her God-given gender role or sexual identity. Eventual attempts are made in most cases to finally "correct the anatomical mistake" through increasing episodes of crossdressing, hormonal therapy, and Sex Reassignment Surgery (SRS). The ratio is about 8 males to 1 female suffer from this gender identity confusion.

"HOMOSEXUALITY" (SAME SEX ATTRACTION)

A condition in which one is attracted to his/her own gender in erotic sexual and emotional involvement. There is a disinterest in emotional or sexual engagement with members of the opposite sex. Members of the same sex hold the keys to one's feeling genuinely loved because of deficits in same-sex love needs.

"GENDER IDENTITY" (VIEW OF ONE'S OWN REAL SELF)

"Gender refers to genetic sex, male or female, which is irreversibly fixed at the moment of conception by the pairing of the 23rd, or sex-determining chromosomes (XX or XY). Hence gender is biologically determined. Identity, on the other hand, is environmentally or physiologically determined; the product of how one views the self, whether one associates oneself, subjectively with one sex or the other; whether one feels feminine or masculine, a girl or a boy, a woman or a man.

Put another way, a male is always a male, and a female is always a female; but a man can take on the appearance (identity) of a woman, or a woman a man. And this process of identifying oneself with one sex or the other is typically completed in the first three years of life." (An article by Brad Sargent, Understanding Transgender Confusion.

HOW CAN CARE-GIVERS HELP CROSS-DRESSERS?

A Minister asks:

"I am wondering what I can do to help Stan, a good friend of mine, who is now coming our women's Sunday School class presenting himself as a woman?"

Another pastor wrote:

"Last week one of the women on my staff informed me that she would be leaving the church because her husband's going to have sex reassignment surgery. She is taking their two children and moving to her parent's home in another state to get away from her husband's influence. He says he will want equal custody of their boys, intending to tell them they now have another mother."

Yet another frustrated minister asked:

"What can I do: My associate minister has just confessed that he is chronically involved in cross-dressing and parading himself in public that way. What can I do besides dismiss him?"

A distraught pastor on the phone inquired,

"Last week a nice young couple came in for premarital counseling. They have been attending our church for several months. Jack tells me that he is really a she and that she is really a he – that they both have switched their sexual roles to fit themselves better. They both claim that they were supposed to have been created the other sex. They want me marry them. Good grief! What do I do?"

An elderly pastor shared his painful discovery:

“One of my Deacons now confesses he regularly cross-dresses and has done so since high school. I am a pastor of a rural church and he was recognized by one of the women of my church in the ladies shop in a town nearby. She is threatening to expose him before the whole congregation. I don’t know what to do.”

I do not know many pastor or clinical caregivers who would profess they know how to handle these kinds of problems. Seminary and university training does not adequately prepare students to receptively minister truth and grace to people exhibiting gender identity confusion.

A pastor or caregiver is one who has the tremendous task of helping hurting people to find peace with themselves and God and to live a purposeful life. The difficulty today is that that exhibition these kinds of emotional problems are not truly being legitimization of this pain—instead referring to it as an acceptable lifestyle. Their solution? “Why, of course, the patient should follow certain proscribed guidelines of their psychiatrist and physician for a period of time and then submit to the surgeon’s scalpel to correct the anatomical mistake.”

One male-to-female transsexual exposes the truth in a letter, saying:

“Don’t be surprised if your case-load continues to increase. The long-held traditional screening methods for candidates for sex reassignment surgery (SRS) continues to deteriorate as so-called transgendered persons take over the mental health organizations and promotional literature. Even the main screening methods of the Dr. Harry Benjamin’s International Gender Dysphasia Association are now made up of more transgendered individuals than ever, and the transgendered population now writes the majority of the literature. Mainstream psychology and psychiatry have been lead to believe that psychotherapy and pharmacology have nothing to offer, since they have bought into the view that this condition is an inherited anomaly fixed only with surgical intervention and hormonal therapy.

Now those involved in determining the patient’s outcome are endocrinologists, urologists, and surgeons, all who readily ‘sign, seal and deliver’ a treatment based not upon fact or common sense, but on the popular politically motivated scheme of thought ... and greed. Report after report shows the majority of those presenting themselves for SRS have proven co-existing psycho-pathology. There are also many reports beginning to surface that express the post-operative patient’s regrets for having the surgery. Years of research demonstrates that although biology may play some role in gender identity, it does not necessarily fatalistically determine one’s identity nor restrict one’s options.

But there are options.

In light of recent confessions of various well known people who have had SRS, there seems to be growing evidence to undermine the legitimacy of trying to make girls out of boys or vice-versa.

“They exchanged the truth of God for a lie.” (Rom 1:25)

Listen to the recent admissions of Dr. Renee Richards, a world renown male to female ophthalmologist, who had sex-reassignment surgery in 1975:

“I wish that there could have been an alternative way, but there wasn’t in 1975. If there was a drug that I could have taken that would have reduced the pressure, I would have been better off staying the way I was- as a totally intact person. I know down deep that I’m a second class woman. I get a lot of inquiries from would-be transsexuals, but I don’t want anyone to hold me out as an example to follow. Today there are better choices, including medication, for dealing with the compulsion to cross-dress and the depression that comes with gender confusion. As far as being fulfilled as a woman, I’m not as fulfilled as I dreamed of being. I get a lot of letters from people who are considering having this operation ... and I discourage all of them. You’d better get on Thorazine or Zoloft or Prozac or get lock up or do whatever it takes to keep you from being allowed to do something like this.”

There is so much anguish and emotional pain involved in transgender confusion. The medical community is wrong in selling the public the lie that reassignment surgery is warranted. The Christian community who validates transgender confusion is also off track, perhaps even more than anyone else. Surgery would only be considered a viable option in the most extreme case of the genuinely medically proven and verified hermaphrodite, whose chromosomes and DNA would unwaveringly attest to the presence of a genetically-induced physiological disorder and anatomical mishap. Let me state here that such cases are extremely rare and would be authoritatively validated by clear medical documentation most usually dating from early infancy.

The medical community faces an incredibly difficult dilemma. Patients are diagnosing themselves as true transsexuals and entering the physician's office demanding surgery in order to change their sexual/gender status. They say, "Sure, I know that I have the anatomy of and look like a man, but I've always felt like a female and I'm sure that I have a female brain. And by the way, Doctor, I'd like 38C breast implants, if that's all right with you. You can help me fulfill my lifelong dream."

The Doctor's response? "Well, my darling, step right this way into Surgical Suite A."

Can you think of any other medical condition in which the patient makes his or her own diagnosis and then explains the recommended treatment plan to the physician? Why has the medical community so completely acquiesced in accepting Sex Reassignment Surgery (SRS) as the only truly effective treatment for the transgendered person? Could it possibly be that they are operating (mutilating) as a result of their perception that if they cannot "cure it," then any other attempt to bring remedy is hopeless? Are they becoming co-Creators? "One gender surgeon actually said, "Since God has failed to do the right thing, let me give it a whirl!"

Is it true compassion to further assist someone in his or her abject denial of reality? Is it sensible to thrust this emotionally dissociated (now disfigured) patient back into his nuclear family and expect the relatives to continue on as nothing of consequence has happened? I think not! It is our task to unmask the charade and bring some common sense into the matter...and Christ's remedy. But we must do it from a place of humility and servanthood, not arrogance, or unmindful of its devastating grip, which compels the insanity to not only continue, but to increase.

At its core the real issue is that described so long ago: "All we like sheep have gone astray; we have turned everyone to his own way." (Is 53:6) Though Scripture doesn't directly address transsexualism, except in Deut 22:5 (where wearing clothes of the opposite gender is considered an abomination) and I Cor 6:9 (where male effeminacy and prostitution is considered enough to banish a person from God's Kingdom), there is abundant reference to refraining from sexual immorality and living a life dictated by the appetites of the flesh. For example, Mark 7:20 clearly speaks to those very things that make a man unclean: evil thoughts, sexual immorality, theft, murder, adultery, greed, malice, deceit, lewdness, envy, slander, arrogance and folly, many of which are found sooner or later in the experience of the average transsexual. I dare you to just take a casual look into the Transsexual Internet Websites to see how each of those defilements is manifested. Quite and eye-opener!

BASIC CHILDHOOD DEVELOPMENT

Basic understandings of childhood development inform us that a person's gender identity is primarily determined by a youngster's confidence and comfort with the gender with which he most associates and identifies. The staggering truth is that a child's gender identity is fairly well established by the age of four years; before enrolling in kindergarten.

If that is so, and it is, then you can imagine that the pain is excruciating for the boy or girl whose gender identity is confused or fractured. Their interior sense of being is sent into a constant tailspin. It's a foundational crack that is only discovered after the life begins to crumble.

As Joe Dallas states, "Since our society places a high premium on gender roles, your ability or inability to fulfill them seriously affects your general well-being. Gender Identity Disorder is a clinical term describing a serious conflict

between a person's assigned gender (male or female) and his desired gender.”²

Dr. Friedman points out that feelings of being unmasculine or unfeminine are common among such adults. He proposes that unmasculinity, for example, is not necessarily femininity, but a lack of confidence in a boy's/man's own ability to fulfill the masculine role.”³

Transsexuality is not a genetically predisposed condition. It is “acquired through interactions, perceptions, and responses. A secure masculine or feminine identity usually develops through bonding with an older figure of the same sex, usually the father or mother, and emulating that older figure. When the father/mother figure is willing to bond with the child of the same sex, this invites the child to emulate and identify with the parent. The child will be inclined toward this process, desiring it intensely, but avoiding it if he feels unwelcome or unaccepted by the parent. Should that avoidance occur, it could be the beginning of gender identity problems.”⁴

“Problems of gender identity then begin with the child's belief that he is unacceptable to the parent of his own sex, and therefore unacceptable to all members of his sex. This robs him of confidence to fulfill his gender role, having felt no invitation to emulate and identify with his father or her mother, leading to acute feelings of unmasculinity or unfemininity. These feelings are confirmed during later development. So if a boy feels ill-equipped to deal with the other boys through traditional masculine activities, which disrupts his ability to bond with other boys, which reinforces his belief that he is unmasculine.”⁵

The vast majority of over 1,700 male-to-female transsexuals with whom I've worked claim that their relationship to Mom remained unusually close in their childhood and continued to be so on into adulthood. In fact, most classify themselves as “Mommy's boys,” though perhaps married and fathers. Much of the reason for that ongoing closeness is because of the emotional connection and lack of normal individuation between the mother and son. The profound biological dependence upon Mother later becomes an abnormal emotional dependence upon her constancy, nurturing care and protection, and comfort, symbolized by that which best represents her; female clothing.

The insights found in Gordon Dalbey's, *Healing the Masculine Soul*, are many when it comes to pinpointing a man's difficulty in effectively separation himself from Mother. His relationships with women becomes distorted, and obsessive, with fantasies abounding about how to maintain the connection with Mother through crossdressing as well as other compulsions.

Dalbey shares how he laid his hands upon a man's shoulders and “invited him to renounce the bonds of false dependency...and asked the Lord Jesus to heal his insecurity from its roots in his mother's womb.”⁶ Leanne Payne cuts to the core in her book, *The Broken Image*, citing that “A mother, overly protective and peculiarly or injuriously intimate with a son – unless a strong and affirming father figure is close at hand- can render a son unable to separate his sexual identity from hers, and she thereby becomes part of any propensity towards his homosexual (transsexual behavior) that might crop up in him” ... which creates “what I have come to understand and call a severe suppression of masculinity.”⁷

The purpose of this resource you are now reading is not to make you into some kind of “instant expert” on the subject. I would assume that you are interested in gaining basic insights on how to proceed from this point, in the hopes of not missing the mark for you, the church, the private practice, or more importantly the transgender person and their family members.

As a Caregiver you desire healing for the festering emotional wounds of the transgender person and his family members. Your heart's cry is to find Christ-honoring resolution for the anguish of everyone involved. As a Care-giver, you already have some of the most well-prepared professionals who already have the basic tools necessary to treat the emotional disorders characteristic in the psycho-pathology of transsexuality. Some of the most obvious medically-related conditions are Obsessive Compulsive Disorder, Bi-Polar Disorder, Borderline Personality and Dissociative Disorders. Transsexuals are dying from a condition they want you to think as “terminal uniqueness,” but

they are not beyond the changeability of God's great power.

"The reason the Son of God has been revealed was to destroy the works of the devil." (1 John 3:8)

There are various steps involved to effectively move your person towards a safe people and a safe place in which the work of lasting restoration can be done. Deep secrets of the heart will be revealed. Confidentiality is a must!

1. PROVIDING A SAFE PLACE

Your part is to assist your person in coming out of the cloakroom secrecy and into the light. The main thing that the transgendered person is attempting to do by his behavior is to heal himself and keep his shame-filled activities a secret. Provide a safe healing place and people where confidentiality and anonymity is treated as a sacred trust. That is not an easy task in most situations, especially within the established church. Christians do not typically have a sense of safety in their own congregation so far as sharing their struggles and sins. The provision of such a safe harbor is going to be determined by the pastoral staff's emphasis and effectiveness in incorporating counselors, mentors and support group settings.

Muster the troops! Gather about your person a small group of truly caring people of both genders who will genuinely love this individual to health. Just remember the old saying that it's not really how much you know about transgender confusion that matters, it is how much loving attention and careful listening you are prepared to give over the long haul that makes or breaks the process. As Dr. Jennifer Schneider states, "Recovery is best accomplished through a combination of counseling and attendance at peer group support meetings."⁸

Always keep in mind that this is indeed a process, which will demand much time, patience, prayer, and effort. There just are not any quick fixes to deep-seated sexual and gender identity disorders. Don't be duped by the many so-called "latest medical studies" that support the continuance of the emotional malady. Every so-called scientific study fails to prove anything other than a theory treated like a fact. Darwin's Theories of Evolution are now believed by the vast majority as factual, are they not? That is exactly what is taking place with so-called scientific inquiry today regarding transgender behaviors: theories.

Providing a safe place and safe people in order to restore someone trapped in this particular personality disorder and sinful behavior is not easily done. The old adage, "We Christians are the only soldiers in the world who shoot our wounded" is too often true. Ask the "fallen" church leaders of the past decade to recite their horror stories of being hated, disowned, and maligned by the very ones who swore their undying allegiance to them just days before their disclosure. The Church has a low tolerance for visible struggles and failures. We have quite a task ahead when it comes to providing a place of safe refuge for our struggling fallen comrades, especially within the traditional church environs. But it is time for the church to live up to its name and truly become a "sanctuary."

I remember so well my conclusions after having attended my first 12-Step Recovery Group. I thought, "I feel as though I've been to church for the first time." Raw honesty and redemptive love does both uncover and cover the worst of sins.

"Two are better than one because they have a good return for their labor. For if either of them falls, the one will lift up his companion. But woe to the one who falls when there is not another to lift him up." (Eccl. 4:9-10)

Laurie Hall, the author of *An Affair of the Mind* and *The Cleavers Don't Live Here Anymore*, shares some of the attitudes and practices that determine if a church is safe or not. They are the following: 9

SAFE or UNSAFE: First let's take a look at the "safe-healing environment."

1. Safe sees this as a manifestation of God's glory about to happen.

2. Safe understands the difference between guilt and shame and focuses on guilt and speaks the truth but doesn't condemn or label the person; while unsafe depends upon denial.

3. Safe offers hope by focusing on solutions to immediate needs; gives support in tangible ways
4. Safe asks what will give life – willing to reevaluate and look at long-held beliefs that may need modification or adjustment.
5. Safe honors truth – provides a safe place for people to walk in the light. Unsafe intends to keep things hidden so no one is embarrassed.
6. Safe operates out of the authority they have been given and leaves the results to God; knows their limitations and refers out to others when needed.
7. Safe recognizes the authority that comes from brokenness; respects one's own inner wisdom; willingness to learn from all involved.
8. Safe uses God's name to bring healing and mend the wounded heart.
9. Safe works to restore families.
10. Safe demonstrates humility, grace, in place of authority.

UNSAFE

1. Sees the failures and limitations; uses labels; points out the one part of your life where you failed and makes that identify who you are.
2. Focuses on shame and looks for someone to blame.
3. Creates frustration by focusing on the problem: accentuates the guilt and sin.
4. Focuses upon good and evil – emphasizes religious rules
5. Encourages people to be dishonest in order to remain a “club member”. More interested in controlling behavior than restoring the soul.
6. Feels threatened when you don't respond as they think you should; get ego needs met by “healing you” and good at retraumatizing you.
7. Thinks that only those who are credentialed through an accredited course of study have something of value to say; no respect for people; micro manage; know it all.
8. Uses God name to kick you out and justify violence against you.
9. Not above dividing families to prove their point.
10. Motivated by pride; unable to see their own weaknesses and needs; “lord it over’ you.

2. PREPARE FOR SPIRITUAL CONFLICT

Understand this: “There is nothing new under the sun.” (Eccl 1:9)

Transsexuality is not a new phenomenon. It has been around as long as men and the spirit world. The Old Testament references to the female goddess of fertility, Ashteroth, is none other than what we are facing today manifested in transgender confusion. Barry Wilding, in his revealing report entitled “Feminist Christians Resurrect Pagan Goddess Worship,” exposes the agenda of the emerging leadership of the feminist and transgender movement, which is funded by donations and support of many prominent churches in the USA.

This 1993 Conference brazenly expressed their origins and mission. “Conference organizers heralded the gathering of 2,200 (feminists and transsexuals) as the beginning of the Second Reformation; one designed to rid the church of all sexual, racial, and class distinctions.”¹⁰

They applauded the work of 2,500 feminists of like mind who pledged to “work as guerillas toward a religious coup d’etat that would replace God the Father with the goddess within.”¹¹

Donna Steichen pointed out that “ the ultimate feminist objective is the obliteration of Christianity ... an arrangement which has legitimated religious bigotry, racism, classism, imperialism, clericalism and all other isms you can think of.”¹²

Wildering further elaborated upon the mantra of the women’s movement stating that “ their catalogue of cardinal virtues begins with pride, embraces divorce and emphasizes such forms of sexual expression as abortion, lesbianism, transsexuality, and contraception. Its liturgy is that of the ancient Gnostics beholding their feminine image in the mirror and worshiping themselves, drawing upon lesbian/transsexual sexual desire as the main energy of the universe.”¹³

“More disturbing was the heresy expounded by the conference speakers wherein they categorically denounced and rejected the concept of the author of creation being a Father figure, and Jesus Christ being the Son of God, mainly because they both are masculine. Instead they worshiped Sophia as the feminine spirit of God from whom we have all evolved.”¹⁴

“Conceived as the highest form of feminine wisdom, Sophia is an abstract symbol in which female power, once actualized (a New Age Term) in social and religious structures, is transformed into a purely spiritual dimension. She is the active thought of God who created the world ...”¹⁵

Starhawk, the officiating leader for the Re-Imagining Conference is quoted to have said, “From the earliest times, women have been the ‘wise-ones’ ... and our woman-centered culture, based upon the worship of the Great Goddess, underlies the beginnings of all civilization. Alas, the Goddess has stirred from sleep, and women are awakening to our ancient power.”¹⁶

I share these things to advise you that when you are dealing with transsexuality, you are engaging in spiritual conflict against principalities and powers, which demands ample spiritual oversight and prayer backing.

3. EDUCATION & PREPARATION

You, or your representative, will need to spend considerable time with the person. To best help accommodate the process; be certain to have the person commit to meet for an indefinite period for regularly scheduled updates, input and prayer ministry. You should plan on setting time into your schedule for at least one year’s duration, preferably once every week for this kind of one-on-one ministry and oversight.

You would do well to hand the day-by-day care/oversight to others of your flock, or enlist the aid of a small support group setting for daily accountability and input. There are a number of helps that will assist you to acquaint yourself with the basics of the condition. Some we typically recommend are:

RESOURCES RECOMMENDED

Desires in Conflict by Joe Dallas

Setting Love in Order by Mario Bergner

The Broken Image by Leanne Payne

Crisis in Masculinity by Leanne Payne

Healing by Francis MacNutt

Healing the Masculine Soul by Gordon Dalbey

Men's Secret Wars by Patrick Means

False Intimacy by Harry Schaumburg

Inside Out by Larry Crab

Pure Desires by Ted Roberts

Out of the Shadows by Patrick Carnes

Don't Call it Love by Patrick Carnes

Letting Go of Shame, by Efron

A very helpful way for you to become better acquainted with the material in these resources is for you to assign them to your parishioner, asking for them to recite back to you in both oral and written presentations the specific points that they found insightful and helpful. These resources, then, can act as an ongoing guide for your future discussions and prayers.

It is also most beneficial for you to invite specialized guest speakers to conduct training and equipping seminars for you, your leadership team, and the congregation. Reality Resources offers that kind of expertise. We also help locate people close to you who may be able to help in this regard through weekend seminars or educational consultation services.

4. SECURING PROFESSIONAL COLLEAGUES

It is so important for you to work in conjunction with a Christian therapist. This relieves you of the burden of trying to understand all of the in depth psychological and social reasons for the condition and being the "final word" for the person's progress. We always recommend that the professional therapist obtain a signed release form from the client so that there is nothing hidden from either of you in this process. You and the therapist working together can then provide a comprehensive care plan for the person. In our opinion, it is best for the therapist and the pastor to always work hand in hand in the restorative process.

Many pastoral insights can come by having your person share his daily journal record when you meet together. We recommend that you have the person follow a five-point plan in the daily discipline of journaling:

1. This was what my day was like. (Include all struggles, temptations, etc.)
2. This is what went wrong with my day. (Details and reasons)
3. This is what went right with my day. (Details and reasons)
4. This is what I could have done differently. (Specific details)
5. This is my written prayer about my day. (Handwritten and orally prayed)

This documentation can also then be shared with the professional therapist to help him/her better understand the spiritual components in the person's restoration.

6. APPLYING ABUNDANT GRACE AND TRUTH

The single most important thing you can do is to get your person daily immersed in the loving acceptance of others

who are grace-filled and able to tell the truth in love. The church is supposed to be a place of fellowship and intimate involvement. Perhaps this person is a part of your church fellowship for the purpose of teaching your congregants how to truly love. It is not by accident, nor is it a responsibility too heavy to bear.

Casting off the desires of the fallen nature requires daily discipline and stringent (not legalistic) accountability, ongoing prayerful intercessions, and personal contact through family involvement. This multi-faceted healing process requires the gifting of the entire fellowship, not just the pastor or therapist.

The church is not intended to be a place for those who have no problems. Every church member has their own unique problem areas. The person in your fellowship who struggles with gender identity confusion is just manifesting another way the human flesh exhibits its fallen-ness. Helping that individual to understand that he is not a freak, but just another wounded sinner saved by grace is the main task at hand.

Labels have to come off! Do not allow the diagnostic tool of the physician's defining label to become the person's identity. Don't have people define themselves by what they have done. They are so much more and complex than any identifying label. Do not ever refer to your person as a transsexual. Rather say, "You are fighting off desires of the flesh which is something all of us have to do."

Lies must be identified and dispelled with the truth! It is the infusion of lies about God, others and oneself that produces the neurosis. It is helpful to uncover through casual and reflective conversations and prayer times the many lies the person has come to accept as truth. Some of those lies sound like this:

LIES:

"I should have been born a girl."

"Life would have been better for me if I were a female."

"Women have it easier."

"My parents would have preferred a girls."

"My Dad always wanted a girl."

"Living as a man is too boring."

"God made a mistake and has given me permission to be a woman."

"No one understands how I could be a woman on the inside of a man's body."

"I have a woman's brain and a man's head."

"Correctible surgery will make me happy."

"Men are dirty and evil and only good for one thing."

"God loves me to fulfill my fantasies in crossdressing."

"If I were a woman I would not have been passed over for the promotion."

"Women accept me more when I'm dressed as a woman."

"I can never succeed as a male."

"My family will never accept me as a man."

“I will never measure up to what a man is supposed to be like.

“I can never be able to survive if I don’t Cross-dress.”

“Cross-dressing is showing who I really am – a woman.”

What all of these reasonings demonstrate is the ongoing conflict common to all Christians of accepting God’s way or demanding one’s own. Every Christian believes his struggle is the worst. That’s why there are so many hidden sins within the Body of Christ. We are all potentially dying of terminal uniqueness. So the main ministry involved is helping the person put to death the deeds of the flesh, to run from sexual sin and confusion, and to cling to TRUTH in the midst of temptation.

The Bible states the problem: “My people have committed two sins: They have forsaken Me, the spring of living water, and have dug their own cisterns, broken cisterns that cannot hold water.” (Jeremiah 2:13)

One common error we have discovered with pastors and caregivers who are trying to minister to the transgender person is this: focusing upon the cross-dressing or tentative plans for sex change surgery as the major issue. Theses are not the main issues to spend time on. It’s all a matter of basic Christian discipleship: “Who will the person allow to rule their heart, Jesus Christ or self?”

Utilize your well-practiced skills in uncovering the: “root system” of the condition. Understand clearly that this person has formed a pathological relationship with a mood-altering self-manufactured intoxicant/drug and behavior. The crux of the problem is substituting an emotionally dependent relationship with Mother and that which represents her (her clothing) in the place of healthy relationships with other people, and himself. The person has formed an emotional dependency upon a behavior (crossdressing), which as Nancy Groom states, “At the heart...is an arrogant and fear-based refusal to rely solely upon God, an unwillingness to rest in His Grace, to be satisfied with His provision and to set our hearts on obedience.”

Do not spout the simplistic conclusion that repentance and another trip to the front altar of the church is all that’s needed. The person’s heart is desperately looking for a solution to his deep-seated emotional pains by crossdressing. The flesh will always have a prompt reply, although never working is essential to living a healthy life. Larry Crabb’s book, *Inside Out*, affirms that “an inside look must anticipate uncovering both deep, unsatisfied longings that bear testimony to our dignity, as well as foolish and ineffective strategies for keeping ourselves out of pain that reflect our depravity. Each of us is a glorious ruin. And the further we look into our heart, the more clearly we can see the wonder of our ability to enjoy relationship alongside the tragedy of our determination to arrange for our own protection from hurt.” All of this will take much time and prayer to resolve. Start dealing with these matters:

- Seek to discover the reasons he feels so uncomfortable in his own gender role?
- Why has there been such real or perceived rejection of his own gender?
- Why does he feel so inferior as a man?
- What’s behind all the rage and anger?
- Why is he so bitter and obsessed upon idealizing the other gender?
- Where did the detachment come about with the parent of the same sex?
- When did deception begin to become commonplace?
- How about the distrust and anger towards God?
- What was the relationship really like with Mom and Dad?

Chances are that your person is focused upon “corrective” surgery. You will find that any of your arguments, though sincerely and accurately given, are less than fruitful. The idea is to keep your communication lines open as much as possible. So don’t talk about or try to dissuade him from having surgery.

Instead, ask what some options might be to the invasive surgery. Challenge the person to seek healing prayer and in-depth counseling so hurtful memories won’t be carried any longer, regardless of what they choose to do in the future. Encourage long and hard looks at their insides, as Dr. Larry Crabb suggests, “identifying your temperament, healing painful memories, learning to ventilate buried hurts, reconstructing the damaging impact of your parent’s mistakes, facing destructive emotions and hidden agendas and bringing them under conscious control.” (Inside Out, p.56)

Never accept the story given as the entire truth. Deception has been the major factor to manufacture and maintain the fantasy all along. Do not expect your person to “come clean” with you just because he’s seeking your sympathies. Transsexuals have practiced their lines with each other well before meeting you . Having “been there and done that,” I can guarantee you that you will be told the most convincing story in order to persuade you to cooperate with them. Discernment is needed to tell whether your person is truly seeking help and change or merely wanting to argue his point or gain sympathy and acceptance.

It is not meant to be demeaning when I assert that lies are commonplace with those afflicted with gender identity disorders. It’s just the facts! So be wary and wise.

One, which immediately confuses the caregiver and quickly wins sympathy is, “I am a hermaphrodite or intersexed person, (having both sets of genitalia) and my doctors recommend that I have surgery to bring my inner personality into proper alignment with my reconstructed body.” When you are told this story you would be wise in asking for their medical records to substantiate the claims that a genuine physiological/birth anomaly/ambiguity exists and can only be remedied by surgical intervention. Do not accept medical records that inform you of this without thoroughly checking their source of origin. It is recommendable that you obtain a release of information request form to enable you to personally confer with their physician. Transsexuals can come up with all kinds of convincingly forged documentation in order to get you to validate their neurosis.

Within your pastoral care there should be ample time for prayer ministry. Saturations of healing prayer are most warranted. Having identified the lie-based thinking, you can then begin to speak the truth of God’s declarations to the wounded soul. Give much opportunity for the Lord Himself to speak His Truth to the heart, too. Once His Truth is spoken, heard, and appropriated healing comes and darkness leaves.

What About the Relatives & Spouse?

One of the most perplexing things about dealing with the person afflicted with transgender confusion is the need to provide guidance for the immediate relatives and spouse. What do you say to the bewildered wife who is shocked by her husband’s recent decision to obtain female hormones and seek sex-reassignment surgery?

Should you arm her with all kinds of scriptures verses to combat the evil deceptions? Do you tell her to leave him, or have him find another place to live? What should she do when he comes home and parades himself in front of the children as their “other Mom?” Is this ground for separation or divorce or excommunication?

Many pastors have carelessly asked the wife where it is she is failing him in her refusal to have more intimate moments? One minister said to the distraught wife, “Sure, he is wanting to come to bed dressed in your nightgown, but is this deserving such a negative reaction from you?” He told her that perhaps if she were more sensitive, attractive, or more femininely dressed herself, he would be satisfied. Maybe the whole thing would be rectified if only she were more understanding and tolerant? What approach would you take in solving the problem?

Our recommendation is that you turn the spouse and family towards these resources:

Bold Love by Dr. Dan Allendar

Love Must Be Tough by Dr. James Dobson

Parents in Pain by John White

When Someone I Love is Gay by Anita Worthen & Bob Davies

An Affair of the Mind by Laurie Hall

The Cleavers Don't Live Here Anymore by Laurie Hall

Living with Your Husband's Secret Wars by Marsha Means

From Bondage to Bonding by Nancy Groom

Co-Dependent No More by Melody Beattie

Living with your Husband's Secret Wars, by Means

Do not try to tell the family and spouse what they should do. Do point out that the behavior of their loved one is a major spiritual problem — (idolatry) — as well as a deep-seated emotional disorder (gender identity dissociation) which requires long-term therapy to ever resolve. On top of that, the marriage covenant has been violated (adultery) through the husband's emotional and sexual encounters with a woman of his fantasies, which is of course the false feminine identity he assumes for emotional/sexual arousal and climax. There is also the drive for same-sex relationships, so that his "being a woman" is completed in the sex act. Therefore, we definitely sense that the violations are many and must be handled with the greatest possible care in order to ultimately restore the person to sanity and his God-given gender role and spiritual destiny.

Close pastoral and congregational support is mandatory for the wife and her family. Never permit anyone to convince you that this condition is the fault of the wife. In most cases, transgender confusion has been deeply set into the psyche and behavior of the person long before they ever knew or met their wife.

Summary:

You as a pastor or professional therapist do not need to know everything about gender identity disorders to be qualified to help. Learn to depend upon each other within the church and readily enlist others in the community of faith for this person's restoration.

Don't panic when you discover that someone is looking to you for help in this area. Quickly delineate between those seeking help and those who are not. Understand that they are desperate or they would not be coming to you. When a person presents himself for pastoral or counseling oversight for this incredibly shame-based and lie-based neurosis, be assured that he is moving in faith and trust, most probably as a "last-ditch effort," since all previous attempts to get better have failed. So move carefully, respecting the fact that God is at work.

Expect an increase in the number of people coming to you with this condition. It seems that more that the media and medical community endorse these perversions, the more people seek help. Do not buy into the myths generated by the medical and popular cultural norms. Depend upon the love and conquering power of the risen Christ to dispel the lies and replace faulty thinking with inner revelations of truth.

Make sure that you go about...

(1) providing a safe place for secrets to be told and genuine redemptive love to be revealed. Be assured that as you enter into this kind of ministry you will need to be...

(2) prepared for fierce spiritual conflict. In order to best understand the heart and soul of the person, it is best to at least...

(3) obtain a rudimentary education of the psychological, spiritual, and social reasons for the condition from the resources we've given. Then it is wise to...

(4) secure the aid of professionally trained Christian therapists to come alongside of you in the restoration process. Always keep in mind that...

(5) Ongoing ministry to the wife and family requires great sensitivity and close pastoral oversight by those in the church.

It is evident that the Lord is entrusting you with the care of another wounded soul that can best be remedied by His abundant Grace and Truth expressed through His Body, the Church.

What people need is other people who will love them to health. We all need "Jesus with skin on."

End Notes

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