

Pastoral Oversight of the Transsexual

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Shock & Strategic Planning

What approach should you (or do you) take when you're the pastor of a member of your flock, who wants to change their birth sex status by invasive surgery and harmful infusions of hormones intended only for those of the opposite gender?

Perhaps the parishioner has previously met with you to inform you that he has already had the sex-reassignment surgery and now desires your understanding, cooperation, (if not total sanction!) ... in helping the congregants adjust to his new role in society.

Do you allow the man who presents himself as a female to engage in the programs of the women's outreach of your church? Or, can he ... I mean "she" use the women's bathrooms with your wife and daughters? The old saying is true: "women know women." They readily discern that though the person in the red dress looks and acts like a sister ... there is something very, very wrong. How do you protect them, the innocent children, and even the unsuspecting men from the charade of a "wannabe-woman?" ... or do you even engage the subject, in the hopes that somehow it will mend itself?

When I presented myself as a new potential female church member to my priest, Rev. Father John, I didn't mince any words. "Father," I said, "I know that you are not aware of all the anguish a woman like me goes through all her life, knowing that your 'womanhood' is mercilessly trapped within the frame of a much despised male body.

The medical world refers to people like me as a transsexual, or one manifesting a 'gender-identity disorder.'

Since I was three years old I knew that I should have been born a girl. Well, I have finally been able to achieve that lifelong dream through multiple surgeries and have adjusted to my new roles very well. What I want to ask from you and the others on the pastoral staff is that you accept me in my newly-given gender role and allow me to attend formal worship services, women's functions, retreats, and be totally assimilated within your congregation as a fully-functioning female member. I will do all I need to become properly educated in your church doctrines and will faithfully serve you as any other woman of your parish does. Is that a problem at all?"

He didn't even blink as he answered, "No, there is no problem within this congregation with anything you have shared. We do not make such matters an issue of concern; for we know that you belong to God and He is helping you finally come to a place of inner-peace with who you were initially supposed to be. We do not make issues of one's chosen expression of their sexuality or their choice of gender roles. You are most welcome here."

He then initiated a warm hug as I got ready to leave. As we parted, he said, "Be sure to come this Sunday to the 11 o'clock service, so I can personally introduce you to our visiting Bishop following the service." The service was very beautiful, especially when receiving the Eucharist from my own Parish Priest. Interesting, too, was the fact that the Bishop's sermon was centered upon loving and embracing those who were struggling to find acceptance by the established Church because of their sexual or gender orientation.

He made it very, very clear that his own approach was that of Jesus Christ: to love everyone and not condemn anyone.

Recently a minister asked, "I'm wondering what it is that I can do to help Stan, a parishioner and very good personal friend, who is now coming to our church functions dressed in women's attire? He has actually tried my patience by his blatant, unannounced attendance to our woman's Sunday School class. What do I do? What can I say without sounding unloving and unsupportive of him; but he has placed me in such an awkward position by not paving the

way by forewarning me of his recent decisions.”

Another minister wrote, “Last week one of the women on my staff informed me that she would be leaving the church because her husband is 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 pursue equal custody of their two boys, and intends to tell them that they now have another mother.”

Another very frustrated minister asked, “What can I do with my associate minister, who has just confessed he is chronically involved in cross-dressing and parading himself in the public as a woman. What is there I can do besides dismissing him?”

A more than distraught pastor inquired, “Last week a nice couple came into my office for pre-marital 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 and gender roles in order to fit into a more satisfying marriage.

They both claim they are supposed to have been created the other sex. They want me to perform their marriage ceremony. Good grief! What do I do?”

I do not know many pastors or clinical care-givers who would profess they know how to handle these kinds of problems. Seminary and University training does not adequately prepare students to redemptively minister truth and grace to people exhibiting gender and sexual identity problems.

A pastor or care-giver is one who has the tremendous task of helping hurting people to find peace with themselves and God; and to live a more purposeful life. The great dilemma today is the misinformation, if not all-out-blatant misrepresentations of Truth, which leaves the afflicted parishioner characterized as a poor victim. The popular cultural endorsements and the Medical Communities “blind-leading-the-blind” legitimization of applying surgical means to correct a mental illness, is preposterous at best! The surgical intervention taking place today is nothing more than what I refer to as “the frontal lobotomy of the twenty-first century.”

One male to female transsexual exposes the Truth in a letter:

“Don’t be surprised if your case-load increases dramatically. The long-held traditional screening methods for candidates for ‘sex-reassignment surgery’ (SRS) continues to deteriorate as so-called transsexuals themselves take over the Mental Health Organizations and their heavily biased promotional literature. Even the main screening methods of the Dr. Harry Benjamin’s International Gender Dysphoric Association is now made up of more transgendered individuals than ever before. The truth is that the majority of the literature which guides the Medical/Psychiatric Community in these matters is composed by the transgendered population. Mainstream psychology and psychiatry has been led to believe that psychotherapy and pharmacology have little or nothing to say about this condition by way of helping to change a patient’s orientation.

They firmly attest that this anomaly can only be “fixed” or “changed” through surgical and replacement hormonal therapy.”

Romans 1:25 clearly states that it is common for humans to “exchange the truth of God with a lie.”

Stop and think this through. Can you think of any other medical condition in which the patient determines their own diagnosis and then explains the recommended treatment plan to the physician? Why has the Medical/Psychiatric Communities so completely acquiesced in their acceptance of the “one-size-fits-all-mentality?” Could it be that they are playing God by performing surgery (or mutilating viable human flesh & skin-folds) in order to provide a remedy to what otherwise is a hopeless condition to remedy?

At the core the real issue was so well described years ago: “All we like sheep have gone astray; we have turned everyone to his own way.” (Is 53:6)

And let's not forget Mark's injunction that certain behaviors make a man unclean. Some of them are: evil thoughts, sexual immorality, theft, murder, adultery, greed, malice, deceit, lewdness, envy, slander, arrogance and foolishness. Take a casual look into the transsexual Internet Website to see how each of these defiling behaviors and attitudes are manifested. Then ask the transsexual person how many of the above-mentioned behaviors have become a part of their lives. Their response, if they are honestly forthcoming, will be quite an eye-opener!

BASIC DEFINITIONS:

TRANSVESTISM (across clothing lines)

"A condition in which sexual arousal and eventual orgasmic pleasure is derived 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 like and be accepted as a member of the opposite gender in order to escape the present reality and relieve emotional tensions. It is usually done within the privacy of one's own home and remains a most private and well-hidden fantasy life."

TRANSGENDER / TRANSSEXUAL (going across established Gender Lines)

"A condition in which one feels inwardly incongruent in his/her God-given gender role or sexual identity. Eventual attempts are usually made to finally 'correct the anatomical mistake' through increasing episodes of cross-dressing, ingestion of hormones of the opposite sex, and eventual submission to irreversible surgical alteration of their body and its secondary sex characteristics; such as the removal of breasts from the female-to-male, or the male genitals from the male-to-female transsexual. He will also most usually have bilateral breast implants so he can more readily be identified as a woman."

HOMOSEXUALITY (Same-sex attractions)

"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 emotional connection to one's feeling genuinely loved due to the other's same sex love needs being unmet."

GENDER IDENTITY

"Gender refers to one's 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 and can be discerned by the 5th week of pregnancy by a simple blood test. Identity is more attributed to psychological causes, or the product of how one views themselves as a male or female. Put another way, a male is always a male and a female is always going to be a female, no matter what disfiguring surgery may occur. The psychological process wherein a person identifies more strongly with one sex or the other is typically completed by the third year of life."

MIRROR, MIRROR, ON THE WALL ...

Ever since I can remember I have stolen many long looks at myself when dressed as what I believed myself to really be; a woman named Jennifer. 'Mirror on the wall, who is the fairest of them all?' Each and every transsexual with whom I have worked has admitted that the non-refuted answer to that question is, "Of course, it is me!" One of the most helpful comments given to me by my own spouse was, "Well, to me you look like a man in a dress." That is why transsexuality is called "gender confusion." Physicians have modified that earlier, nasty-sounding word, ("confusion"), by changing it to "dysphoric." Sounds nicer, doesn't it? The meaning is, "anything that is not within the normal range of what before was acceptable as 'normal.'"

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 worshipping 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 fallenness. 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. These 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.”