

HOW SHOULD A LOCAL CHURCH RESPOND TO ITS
FAMILIES WHO HAVE CHILDREN WITH GENDER IDENTITY DISORDER?

A Paper

Presented to



Grace Research Room

by
Dr. John Salvesen
December, 2022

HOW SHOULD A LOCAL CHURCH RESPOND TO ITS
FAMILIES WHO HAVE CHILDREN WITH GENDER IDENTITY DISORDER?

By Dr. John Salvesen 12/2/22

Larry, Lisa, Tom, Tiffany, Ellen, and Emil may sound like six people, but they are only three. Each male name matches up to a female name because Larry IS Lisa, Tom IS Tiffany, and Emil IS Ellen. They are 3 people who believe they are the other gender. In our postmodern world, your sex is what you are born with, but your gender is what you determine it to be or what you feel it is. According to contemporary gender ideology, the word “sex” is restricted to just the biological, while “gender” describes the social aspects of sex: how a person feels and experiences his or her sexual identity and how it is shaped by culture.

Transgender people typically change their names, pronouns, and appearance to present as the opposite sex. Many obtain puberty-blocking drugs, opposite-sex hormones, use makeup and clothing as well as surgeries to remove or alter healthy organs in order to copy those of the opposite sex.

How does a local church respond to this phenomenon of perceived gender fluidity? Specifically, how does it best treat families whose adult son or daughter is struggling with this disorder? In order to better understand the landscape, it is helpful to define some terms. Some of these terms come from the GID community, but it’s beneficial for us to know their definitions.

Transgender – general term for those who believe their “true” gender is different from what they were born with.

Transsexual – term for those who are seeking (or who have completed) sex reassignment through surgery, hormones, and other means.

Transvestite (cross dresser) – used to refer to heterosexual men who sometimes wear clothes, makeup, and accessories culturally associated with women. Cross-dressers do not wish to permanently change their sex or live full-time as women.

Gender Identity Disorder/Gender Dysphoria – Older and newer terms for diagnosis of distress that accompanies the incongruence between one’s assigned gender and the perception of one’s gender. Used by *Diagnostic and Statistical Manual For Mental Disorders*.

Gender/Sex Reassignment – The process by which a person attempts to change their sex to match their perceived gender. Done by means of hormone treatments, surgeries, cosmetics, and clothing.

Gender Queer – One who does not see oneself as male or female; perhaps having a state of fluidity on a continuum between male and female.

Gender Binary – Seeing male and female as exclusive categories of gender. Basing one’s gender on one’s sex.

Cisgender -- refers to anyone who identifies as and is comfortable with his/her sex assigned at birth. *Cis* in Latin means “on the side of.”

In recent years, the transgender movement has argued that the binary system of either male or female does not include everyone. Sex should be treated as a continuum. They have used the presence of those suffering from a sexual development condition known as “intersex” as the basis for their theory of Gender Dysphoria. Intersex people (formerly known as hermaphrodites) have a true physical genetic developmental condition where their genitals are ambiguous or clearly conflict with their chromosomal makeup. This phenomenon is extremely rare, occurring in about 2 of 10,000 births. The vast majority of “transgender” persons are not intersexed.

The Cause & Context

Gender Identity Disorder’s (or GID) cause is difficult to determine, but many people with this condition have experienced childhood trauma, abuse, loss, and family disruption. Transgender activists do not see this as a disorder, but as diversity. However, the desire to remove it as a psychiatric disorder conflicts with the need to have it categorized as such so there can be a medical diagnosis leading to insurance coverage for medical procedures and treatment to complete one’s ‘transition’.

In order to develop an accurate response to families in our churches who have a loved one struggling with GID, it is helpful to begin to understand their stresses. The families’ emotions can range from anger to deep sadness and disappointment to shame. People with GID experience many accompanying issues such as personality disorders, suicidal ideation, self-mutilation, schizophrenia, psychotic disorders, and pathological narcissism. They are also more likely to participate in high risk behavior such as the sex industry, drug use, and promiscuity. People who go through the “transition” process are also prone to many medical issues and setbacks such as infections, unsatisfactory results, and deep regret. The deep sadness that the families experience is fueled by their offspring’s GID and accompanying emotional disabilities.

A Christ-like Answer

The person with GID is experiencing a perception that is contradictory to scripture and science, but nonetheless, they insist it is true.

“Having other people refuse to accept that they have changed to the other sex is painful, but that does not obligate society to participate in their fantasy, as feminist Janice Raymond points out:

What I do accept is that men and some women who undergo transsexual surgery are terribly alienated from their bodies, so alienated that they think little of mutilating them. I accept the fact that transsexuals have suffered an enormous amount of psychical and emotional pain. But I don’t accept the fact that someone’s desire to be a woman, or a man, makes one a woman or man. Or that the instrumentality of hormones and surgery creates a real woman or man.

...Transsexualism urges us to collude the falsification of reality ...our suspension of disbelief is required as a moral imperative. 1

Terri Webb was a transgender activist who came to recognize the contradictions inherent in transgender rights. Webb notes, "Looking back over the last ten years of my activism I feel that I am looking at an unsuccessful attempt to get others to legitimize my fantasy... The question we should now be asking ourselves is whether we have the right to pretend to be women, not what 'rights' the rest of the world should give us in order to go along with our fantasy." 2

In order to develop a Christ-like response, the local church has to recognize this dichotomy of truth vs, experience, but still proceed with respect, love, and truth. The personal relational character of Christ gives us a path forward. John 1:14 tells us that Christ is full of "grace and truth". Christ is not just one or the other, of equal parts of each, but completely full of both. He is 100% gracious, merciful, kind, gentle, and compassionate. But with no conflict or contradiction, He is also full of truth, justice, and objectivity. Our Savior comfortably straddles the seeming contradictions of both important values. As a result, the biblical response of other Christians to their brothers and sisters who are struggling with their children's struggles must mirror the relational style of Jesus Christ. The extremes of acceptance/validation (incomplete grace) and condemnation (incomplete truth) need to be intentionally and thoughtfully rejected.

The Biblical Response

Jesus frequently showed compassion to those who were sick, blind, lame, or hungry (Matthew 9:35-38, 46, 14:14, 20:34; Mark 1:41; 6:34; Luke 7:12-15). Of course, these afflictions are involuntary and His merciful reaction is universally understandable and applauded. Is GID an affliction or a voluntary subjective, perception? Given the possible experiences of abuse, family disruption, and trauma amongst GID sufferers, grace must be extended to the GID person himself as well as the family. To some extent, they are victims. Jesus also extended mercy to those who voluntarily sinned. The best examples of this category would be the woman caught in adultery in John 8:2-11. Jesus was teaching in the temple courts and the Pharisees brought in the woman. They proclaimed to Jesus that she was caught in the very act and repeated the Law that required stoning for an adulteress. John observed that they were using the scenario to trap and accuse him. Jesus proceeded to write what was believed to be their sins in the soil and said, *"Let any one of you who is without sin be the first to throw a stone at her"* until they all sulked away. Jesus did not condemn her, but He did judge her. He told her to stop sinning. He called her a sinner. Jesus is full of grace and truth. He navigated between those two hard values: mercy and justice.

Another example of poor decision making that resulted in mercy was the parable of the Prodigal Son. Of course, both sons were sinful, albeit in very different ways, but only one was sorrowful. The son who ran away and suffered was the one who was received back with open arms. The son who left experienced hard truth, but also efficacious grace. The other son never left, but seemed bitter and judgmental. His father corrected him, but he had to live with himself.

Other scriptures point us in the right direction on how to respond to the GID person himself and/or to the parents of a GID person. First, a focus on **benevolent truth** is essential:

- If the GID person is a Christian, meaning he has placed his faith alone in Christ alone for the forgiveness of his sin, then his primary identity is in Christ (Galatians 2:20-1, 3:28-9; 2 Corinthians 5:17; Romans 6:1-4; Colossians 3:9-10) and not in his maleness or femaleness (Galatians 3:28-29). This should be the source of ultimate contentment and satisfaction. It is the pathway to healing. The Christian should accept the authority and finality of the Bible and there is no place in scripture that encourages the changing of one's sex; which is an impossibility due to the fact that one cannot change his chromosomal makeup. Scripture is clear that God only created two sexes/genders and He declared them to be good. They are male and female.
- If the GID person is not a Christian, they are lost, but not any more lost than a non-GID person. The gospel needs to be shared. It is the death and resurrection of Jesus Christ (1 Corinthians 15:1-4). Romans 5:8 states it beautifully: "But God demonstrated His love to us in this, that while we were yet sinners, Christ died for us." By simple faith in Christ, one can have eternal life (John 3:16, Ephesians 2:8-9).
- Ultimately the GID issue is a thinking disorder, not a biological problem. From scripture, there is no such thing as a baby being born into the wrong body; God creates each person's body exactly as He wants us (Ps. 139:13-16). There is a false dichotomy between the body and the person, as if they could be separated. But God makes us a unified whole with aspects of soul, spirit, and body. All these truths are the fodder for correction in the right time and place, but the truth must be spoken in love (Ephesians 4:15). Oftentimes, **how** we say something is weightier than **what** we say. The truth that is spoken must be **benevolent truth** because the sender must work overtime to be sure it is delivered in such a way that the receiver understands the content of the message to be for his *benefit and not for his condemnation*.

Secondly, a healthy dose of **rational compassion** is needed. The world system teaches that the person tempted with transgenerism should be affirmed and reinforced in their thinking. Our response should not be fake and emotional affirmation, but an informed, fact based kindness; one that accepts the person, but discourages any foolish thinking and destructive choices. Rational compassion extends to the families of GID people too because it is devoid of shallow platitudes and trite answers. It thinks before it expresses words, and so its verbal response has depth, authenticity, reflection, and of course...compassion.

- The parents of a GID child will most likely experience shame, anger, disappointment, self-condemnation, distancing, fear, and many other deep seeded emotions. To put it simply, they bear a heavy burden. Galatians 6:1-2 gives us input on the calling for the rest of the body to assist others who struggle with the harshness of a fallen world. We can help others in various ways: by assisting them with physical projects, providing words of encouragement, physical affection, intentional inclusion in events, and sometimes just by listening to them express their feelings and opinions without the

listener having to give his in return. Fellow church members should communicate the fact that they pray for loved ones who have GID.

- In interviewing two parents who have a son with GID, they describe the experience to be like a death and absolutely devastating. Some helpful things that they shared were: people making direct eye contact with them, people not judging or blaming, being invited to participate in activities, receiving words of encouragement, and the formation of formal support groups such as “Hurting Moms” (hurtingmomsmendinghearts.org). To encourage “self-care” is eminently important. The parents cannot control what their children do. Many no longer even have any influence over them. Most parents are confounded in what to do with such frustration. One area that they can control is their own mental and spiritual health. Their marriage should not be neglected. Sometimes fissures can be created in that most important relationship because of differing philosophies on how to respond to their GID child. Hobbies, trips, friendships, and careers should not come to a grinding halt due to a crisis you can do little about. One thing these parents aren’t looking for is a “fix” or advice. Usually these parents have done a lot of research on this phenomenon and they do not need unsolicited input. It can be counterproductive.
- Pastoral staff and elders can play helpful roles as they represent the whole congregation to each subgroup of the church. They are the pace cars of the Lord’s Flock. 2 Timothy 2:24 tells us *“And the Lord’s servant must not be quarrelsome but must be kind to everyone, able to teach, not resentful.”* The pastor can go deeper, as he hopefully has high levels of trust and can muster the church program to offer support groups, resources, and classes to families of GID persons. There are Christian parents of adult children who are going through seriously difficult times due to poor decisions of their children. Tragedies such as homosexuality, drug use, legal/prison, marital disharmony, finances, and the rejection of the faith are all opportunities to ‘cross-train’ with other parents who struggle in those areas. Pastors must teach God’s view of human sexuality to solidify those who do not struggle and to bolster those who may be tempted to doubt their gender identity.

This teaching must be done in the spirit of benevolent truth. 1 Thessalonians 5:11, 14 – *“Therefore encourage one another and build each other up, just as in fact you are doing...and we urge you, brothers and sisters, warn those who are idle and disruptive, encourage the disheartened, help the weak, be patient with everyone.”*

What are our purposes? Our immediate goal is the strengthening of the families who are in our churches. The secondary ultimate goal is the spiritual and physical restoration of their precious loved ones. Both are possible (Psalm 103:2-3; Isaiah 53:5; John 10:10; 1 Peter 2:24). Our world is experiencing mass deception, but the truth of God’s Word will prevail. Larry, Lisa, Tom, Tiffany, Ellen, and Emil may or may not be in our churches, but their parents and siblings definitely are. As the church can be the most effective spiritual hospital, let us respond with

benevolent truth and rational compassion so that all who hurt are drawn by the word of God through the spirit of God.

Resources for People Struggling with Gender Identity Disorder and for Their Families

Comprehensive Counseling Services/Institute for Marital Healing

Dr. Richard Fitzgibbons

<http://www.maritalhealing.com/>

<http://maritalhealing.com/conflicts/genderidentitydisorder.php>

<http://www.ncbcenter.org/page.aspx?pid=1037>

Courage – A Roman Catholic Apostolate:

Courage International, Inc.

8 Leonard Street

Norwalk, CT 06850

Phone: (203) 803-1564

<http://couragerc.net/>

Desert Stream Ministries

706 Main Street

Grandview, MO 64030

Phone: 866.359.0500 (toll free)

816.767.1730 (tel)

816.767.7221 (fax)

info@desertstream.org

<http://www.desertstream.org/>

Harvest USA

<http://www.harvestusa.org/>

Mastering Life Ministries

<http://www.masteringlife.org/>

The National Association for Research and Therapy of Homosexuality

<http://www.narth.com/>

Parakaleo

A Christian ministry in the United Kingdom that reaches out to those with transgender issues.

<http://www.parakaleo.co.uk/>

<http://www.eauk.org/>

Restored Hope Network:

<http://www.restoredhopenetwork.com/>
<http://www.facebook.com/RestoredHopeNetwork>
rhngathering@gmail.com

Sy Rogers Communications
<http://www.syrogers.com/>

Trading My Sorrows
Walt Heyer
<http://www.tradingmysorrows.com/>
<http://www.sexchangeinfo.com/>

Help 4 Families
Denise Schick
<http://help4families.com/>

Endnotes:

¹ Janice Raymond, *The Transsexual Empire* (NY: Athene, 1994) p. xxiii-xxiv.

² Terri Webb, "Autobiographical fragments from a transsexual activist," (in *Blending Genders* eds. R. Elkins, D. King, Routledge: NY, 1996) p. 192.

Bibliography:

"*Understanding and Responding to the Transgender Movement*" Dale O'Leary & Peter Sprigg, Family Research Council, <https://www.frc.org/get.cfm?i=IS15F01>

"*Help For Families Introduction*" Denise Shick, <https://www.help4families.org/what-we-do>

<https://answersingenesis.org/family/gender/transgender-identity-wishing-away-gods-design/>

<https://answersingenesis.org/family/gender/>