

The Transsexual Person is my Neighbour:

Pastoral Guidelines for Christian Clergy, Pastors and Congregations

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INTRODUCTION:

Transsexual people are a very small minority in British society – estimated at about 5,000 - and their needs are unlikely to be a particular burden to their clergy, pastor or congregation. Nor should it be assumed, necessarily, that their condition, or its medical treatment, is a pastoral problem for churches. Furthermore, someone who has undergone gender re-assignment will not usually want to focus on the journey that has made them the man or woman they have become. Indeed, by that stage it is hardly appropriate to describe them as a transsexual person anymore.

Sadly though, it has sometimes been the person's church that has proved most resistant to and uncomprehending of their decision to undergo gender re-assignment. These guidelines have been written to assist Christian leaders who are approached by a transsexual person, or their family, for pastoral support.

TERMS AND DEFINITIONS:

Textbooks vary in their definitions of sexuality, sex, and gender, as well as the terms used to describe transsexual people. For example, the terms 'sex' and 'gender' are sometimes used interchangeably, but this tends to confuse the physical, bodily and biological aspects of a person (one's sex) with the inner sense of being a man or a woman and the social roles people play (one's gender). It has been argued recently that the Gender Recognition Act 2004 has totally redefined 'sex' and 'gender' (see <http://www.socresonline.org.uk/12/1/whittle.html>) but in these guidelines, for the sake of clarity, the following definitions are assumed:

Sexuality refers to a person's attraction to, or intimate self-expression with, another person, who may be someone of the opposite gender or the same gender as themselves.

Sex refers to the biological body as indicated by the genitals, i.e. the sex assigned at birth (which is not always the same as the chromosomal sex).

Gender identity refers to one's internal sense of being a boy or a girl, or a man or a woman, irrespective of one's genitalia or chromosomes.

Perceived gender refers to other people's perception of one's gender, often based on physical appearance, clothing, and behaviour.

Social gender refers to the way one is expected to behave, and the way one is treated by others, based on the gender one is perceived to be.

Gender Dysphoria refers to the sense of dissonance transsexual people experience between their gender identity and their biological sex, which is usually in conflict with their perceived gender and their social gender as well. The hostility or resistance that transsexual people can encounter when they attempt to dress or behave in ways appropriate to their internal gender identity often intensifies their distress at being treated as someone they are not. The conventions of perceived gender are such that, in most cases, people can only be themselves if they transition.

Transition refers to the process by which a transsexual person seeks to align their biological sex, perceived gender and social gender with their gender identity, usually, but not always, by means of medical intervention. Many transsexual people experience transition as a time of emotional and spiritual growth.

Trans men refers to Female to Male transsexual people, i.e. those whose birth sex is perceived to be female but whose gender identity is male.

Trans women refers to Male to Female transsexual people, i.e. those whose birth sex is perceived to be male but whose gender identity is female.

Generally, transsexual people prefer the terms 'trans men' and 'trans women'. The use of the single word 'transsexual' as a noun is always discouraged nowadays because of its tendency to reduce people to their medical condition: the correct usage would be transsexual person or transsexual people.

Real Life Experience (RLE) refers to the period – usually one to two years - during which the transsexual person begins to transition fully. It normally commences when the person legally assumes a first name to match their gender identity and arranges for all their documents (passport, driving licence etc. but not the birth certificate at this stage) to be altered accordingly. However, the process may well have begun much earlier.

TREATMENT OPTIONS

Under the supervision of a consultant psychiatrist, these may include the following procedures:

(a) for trans men: male hormones (which increase sex drive) to deepen the voice, produce facial hair, and stop periods; chest surgery (double mastectomy); hysterectomy to remove womb and ovaries (many trans men have this surgery, though some decide not to, while others delay it); and phalloplasty, the creation of a penis (using skin from either the forearm or the abdomen): a series of technically complex operations spread over two or more years, which do not result in a fully functioning penis. Essentially the trans man has to choose between cosmetic appearance, the capacity for

penetrative sex (with stiffening rods), or the ability to urinate through the penis. It is usually possible to provide a realistic result for one of the above but never all three. Many trans men decide not to proceed with phalloplasty.

(b) for trans women: electrolysis and laser treatment for the reduction or removal of facial hair; speech therapy to feminise the voice; female hormones (which usually decrease sexual libido) to reduce body hair, feminise the face and body contours, and soften the skin; facial feminisation surgery; breast augmentation surgery; and – following ‘successful’ completion of the RLE - gender re-assignment surgery: orchidectomy (removal of the testes) and vaginoplasty (the creation of a vagina – often by inversion of the penis).

This somewhat clinical catalogue of possible physical alterations indicates the arduous character of transition – e.g. there can be emotional side-effects such as mood swings, as well as physical ones like Deep Vein Thrombosis – but many trans people testify to the emotional and spiritual healing that can accompany this steady alignment of their biological sex and their perceived and social gender with their own internal gender identity.

THE TS PERSON: KNOWN, YET UNKNOWN

If a transsexual person attended your church, how would you react as a pastor or member of the congregation? First of all you may not even know that the person sitting in the pew by the pillar had a transsexual background. The lady or gentleman concerned may have completed gender re-assignment. A consultant psychiatrist will have confirmed a diagnosis of Gender Dysphoria, which implies that the individual concerned has experienced persistent conflict between their gender identity and their birth sex for some time. She or he will have been treated by medical professionals, including their General Practitioner. They will have undergone hormone therapy and, possibly, surgical intervention(s) and transitioned into the biological sex and the perceived and social genders that match their gender identity. The process of transition will have involved changing legal identity: taking a new first name that accords with their internal gender identity, changing personal documents, and a Real Life Experience: living according to their gender identity for one or two years, which is a requirement for genital surgery. (Not all transsexual people undergo genital surgery and it is rarer amongst trans men because of the costs, risks and, sometimes, poor result, but many will have had chest surgery). Though born a genetic male or female the person now successfully ‘passes’ as a member of the gender that they have always considered themselves to belong to. Finally, on the basis of obtaining a Gender Recognition Certificate, they may have been issued with a birth certificate that reflects their gender re-assignment.

On the other hand you may be confronted with someone who has undergone most or all of the above processes but is still very obviously ‘read’ as having been born male or female. This is a particular problem for trans women because the effects of testosterone are difficult to counteract with hormone therapy; for instance, male hormones usually deepen the voice of a trans man

but oestrogen cannot lighten a voice once it has broken: speech therapy is the only answer. The earlier in life a trans woman transitions the better, but many do so in mid-life which can leave some people looking like the proverbial 'bloke in a frock'. However, some trans men encounter similar difficulties and find themselves being perceived as boys (or even as females) if the hormones fail to fully virilise their voice and face. Those who fail to 'pass' even after transition are no less deserving of respect. After all, men and women, just like transsexual people, vary widely in appearance and as Christians we should be concerned to look below the surface to the real person.

Confidentiality and privacy

Whether you have 'read' the person at the 10 o'clock as a trans man or a trans woman, or only know this because they, or someone else, tells you, confidentiality is paramount. There are true horror stories of curates relaying personal details about parishioners to the vicar and others without the consent of the individual concerned. In pastoral work, or even private conversation, any personal information about a member of the congregation should not be communicated to third parties without that individual's agreement. Although faith groups negotiated various exemptions to the Gender Recognition Act 2004, some of which allow appropriate disclosure to superiors – e.g. in the case of ordination candidates – there are now severe penalties in law for breaches of a transsexual person's right to privacy without their consent.

Pastoral encounters

Many transsexual people have travelled a difficult road, and the process of transition may have cost them their marriage or partner, children, or job. These are the sort of issues they might wish to discuss with their pastor. Try not to be shocked if the short young man or the tall blonde woman in front of you explains that their birth sex was different from their currently perceived gender. Attend to them, as you would to any other child of God for whom Christ died. Do not judge. This person is likely to have experienced much pain and hurt already. Or, again, it may be that they are very aware of the incompleteness of their transition. Whatever the circumstances, the last thing they need is to be condemned and rejected. By the grace of God, and with the help of contemporary medical care, this person has at last found some peace of mind and a sounder basis for discovering their true self. Be there for them now in the name of the Lord and help them on their journey of faith.

The vulnerability of disclosure

If someone who is pre-transition opens up to you they are likely to be suffering intensely. Many transsexual people realise their condition early in life but have tried to conform to gender stereotypes under pressure from their family and society, combined with the fear of rejection. Some have endured abuse and bullying as children, while others may have been subjected to aversion therapy, so wounds will go deep. Their condition may have been a closely guarded secret, and a source of guilt, due to their inability to be rid of a desire

that is sometimes seen as a lifestyle choice rather than a natural human variation.

Trans women, in particular, are likely to have made great efforts to be 'normal' including marriage and raising children, and some go to enormous lengths to prove to themselves and others that their gender identity matches their perceived gender; e.g. participating in macho sports activities or joining the armed services. When the painful truth becomes clear that they have been 'living a lie' the individual concerned can often sink into deep depression, which may lead to alcohol and drug abuse. The old feelings of guilt are now compounded by the thought that they have failed to conquer their condition and that this could have serious consequences for their spouse and family. There is also the fear of attempting to make a new start in life. At this stage some may commit suicide. The fear of rejection learnt in childhood often prevents people from seeking help so that suicide may seem the only way out.

Some trans men experience another kind of distress due to the mismatch between their perceived gender and their identity. Even before transition they may be regarded, visually at least, as males, and can enhance this by adopting a short haircut, a unisex name and clothing. However, once they start to speak people's perception often changes and they are assumed to be female instead and addressed accordingly as 'madam' rather than 'sir'. This discrepancy between appearance and perception, which is acutely painful for the trans man concerned (since people appear to be thwarting his attempts to be himself) is also experienced by trans women, especially in the early days of transition or if they fail to feminise appropriately.

Please note that if a transsexual person seeks your help at any of these stages they will be one of the most vulnerable people you are likely to meet. Being judgemental and implying that God does not approve of them may be the final straw that pushes them over the edge. Remember too that this is a specialist area and be ready to refer to others, including the Samaritans.

SCIENCE AND MEDICINE

The term transsexual was first used in 1949 while Charing Cross Hospital opened its Gender Identity Clinic as recently as 1966, and it is only within the last fifty years that medicine and science have come to recognise the validity of transsexual people's experience and the appropriateness of hormonal and surgical intervention. Prior to that the medical solution was to treat the person as insane and prescribe aversion therapy, which was usually ineffective. Research in this area is still in its infancy but the authors of *Transsexualism: The Current Medical Viewpoint* (1996) concluded that 'the weight of current scientific evidence suggests a biologically-based, multi-factorial aetiology for transsexualism'. The finding of a Dutch research team which showed 'a female brain structure in genetically male transsexuals and supports the hypothesis that gender identity develops as a result of an interaction between the developing brain and sex hormones,' has helped to underpin the prevailing medical treatment.

Although Gender Identity Disorder is included in the latest (American) Diagnostic and Statistical Manual of Mental Disorders (IV) it is not strictly a mental health problem, even though hormone therapy and surgery normally require two psychiatric referrals. Here the psychiatrist's role is to ensure that the person is not exhibiting signs of mental illness and is sufficiently psychologically robust to endure the rigours of transition. In a pastoral encounter it would be wise to check that the person has been referred to, or is already under, the care of a consultant psychiatrist, especially as gender confusion can sometimes mask an underlying mental health condition, e.g. schizophrenia.

CHRISTIAN PERSPECTIVES:

1. THE BIBLE

Cross-gender identification and behaviour has existed throughout human history, including biblical times, but the Bible does not address this issue directly, though a few verses are sometimes quoted as if it did.

Dressing in the clothes of the opposite gender is forbidden in Deuteronomy 22:5, which is part of a series of regulations that also prohibit the mixing, or blending, of various foods and fibres. Although Jesus challenged this religious obsession with purity, and early Christianity included Gentile (non-Jewish) Christians, who did not observe many of the Old Testament laws, some people would argue that this prescription against cross-dressing still obtains. However, it is important to remember that, prior to transition, the transsexual person is not the gender that they are perceived to be. They are a genetic female with male gender identity or a genetic male with female gender identity. It is distressing for such people to assume the clothes and social behaviour of their birth sex – that, for them, feels like 'cross-dressing' - and totally appropriate for them to dress and behave in ways which express their true gender identity.

In any case, a brief review of the history of Western clothing shows that fashion has often blurred these boundaries: trousers, for example, once a staple of the male wardrobe, are worn by the majority of women today, while the development of unisex styles, especially for the young, has become standard.

Genesis 1:27 'male and female He created them' is often quoted to support the view that the Creator, or nature, offer human beings only two options, man or woman, and that one's birth sex is a 'given' that one should not seek to alter. What this verse actually says - 'God created man in his own image; in the image of God he created him; male and female He created them' – broadens its meaning considerably, placing the emphasis, not so much on the policing of gender boundaries, but on the dignity of human beings, men and women, made in the image of God. (Moreover, the argument from nature in favour of just two sexes is seriously challenged by the genetic and physical variations that actually occur, as a conversation with maternity unit staff will confirm: see too the discussion of intersex below and in the Appendix).

These two verses, both from the Old Testament, are often quoted as if the Bible were a rule-book to regulate human behaviour. However, although the scriptures of the Old and New Testament certainly contain moral guidance, modern theologians have tended to approach the Bible as a record of the broad sweep of salvation history, rather than a set of detailed regulations: God's evolving relationship with human beings through Jesus Christ, which is characterised by grace rather law.

Inspired by this wider framework, transsexual people – especially trans women - have explored the biblical texts about God's graceful inclusion of eunuchs, under both the Old and New Covenant (Isaiah 56:4,5; Acts 8:26-40; and perhaps Matthew 19:12). Here they have tapped into a rich strand of biblical tradition, in which God shows special tenderness and pity to the childless and barren, that is largely obscured by the contemporary Church's focus on marriage and procreation.

St Paul's declaration in Galatians 3:28 that 'in Christ there is ... neither male nor female' is a text that energised and encouraged those who argued for the ordination of women as priests in the Church of England. This belief that gender distinctions, and the power distortions that they attract, are overcome by Christ, is a profoundly moving one; taken together with Genesis 1:27 it suggests that God in Christ transcends gender, and that Christians should seek to avoid the 'fallen' aspects of gender difference.

This transformative effect of Christ's work for the whole of creation, powerfully expressed in Romans 8, offers a deeply Christian vision and context for interpreting the Bible, and one in which transsexual people can begin to make sense of their experiences. The images of journeying in faith, adopting a new name, embracing death and resurrection, or becoming a new creation, which are deeply embedded in the Bible and of universal application, can assume a special nuance for transsexual people as they undergo gender re-assignment.

2. CHURCH TEACHING

In recent decades the major Christian churches have reached some agreement about core sacraments like Baptism and the Eucharist, but the nature of authority is much debated, especially the respective weight that should be attached to scripture, tradition and human reason in moral decision making. This disagreement over the sources of authority is said to underlie the growing fissure in the Anglican Communion over homosexuality. Nevertheless, in their official documents and pronouncements the mainstream Christian churches often take a conservative line on Transsexualism.

The Roman Catholic Position

Roman Catholic objections to medical intervention and surgery for transsexual people tend to be based on the 'natural law' tradition that has played such a significant role in Catholic theology. Despite scientific evidence of gender variation in nature, including human beings, gender re-assignment is said to subvert the 'natural' order of male and female, and a Church that is so strongly opposed to artificial birth control is hardly likely to condone the self-castration or loss of fertility it entails.

The Conservative Evangelical Position

The Evangelical Alliance report *Transsexuality* also approaches the subject from dogmatic presuppositions rather than a pastoral standpoint. According to this document, the self-evident nature of male and female gender, immutably fixed by human physiology, and supported by the Scriptures, renders the very notion of 'changing gender' to be impossible. This tendency to define gender (and sexuality) in disproportionately biological terms, which it shares with Roman Catholicism, is somewhat surprising given Jesus' belief that 'the kingdom of God is within you.'

The authors are very uncomfortable with the idea of the body being adjusted to the mind; instead they advocate that the mind must be adjusted to the body. This belief in the possibility of a psychological resolution of transsexualism may be due to the emphasis on inward conversion in Evangelicalism. However, it fails to acknowledge the repeated failure of psychological 'cures', let alone the actual experience of transsexual people, particularly the lengths that some will go to conform to their birth sex before they finally admit their condition. It also ignores the fact that the treatment of Gender Dysphoria by hormone therapy and surgery has become a standard and successful procedure within the NHS and private practice after nearly eighty years experience of surgery.

The Evangelical Alliance strongly objects to any suggestion that transsexualism might be a kind of intersex condition – as do some intersex organisations – on the ground that transsexual people, are by definition, 'normal' genetic males or females. There is obviously no merit in confusing categories that are distinct, though, in actual fact, some transsexual people do prove to have physical characteristics that conform to their gender identity

(e.g. male index and ring finger lengths in a biological female or a 'hidden' ovary in addition to testes in a biological male).

The main issue here, though, appears to relate to choice and culpability: since intersex people are 'born that way', so the argument appears to go, they cannot help the ambiguities surrounding their birth sex and medical intervention is permissible. Transsexual people, on the other hand, having deliberately chosen to alter their birth sex in line with their own desires, and contrary to everyone else's perceptions of their gender, then seek to legitimise their behaviour by associating their condition with the predicament faced by intersex people. However, the reasoning here is somewhat disingenuous in that transsexual theorists tend to refer to intersex conditions to illustrate the variety of possibilities in nature - in contrast to the simplistic gender binary of male and female expounded by Christian fundamentalists - and readily concede that transsexualism is likely to be a product of nurture as well as nature.

The current controversy surrounding the relationship between transsexualism and intersex conditions in both Christian and intersex circles has led me to conclude that I ought not to discuss it further in these guidelines. An Appendix on intersex is included so that people can make up their own minds as to its significance, and John Hare's excellent article 'Neither male nor female': the case of intersexuality' is listed in the bibliography.

The Pastoral Guidelines issued by the Evangelical Alliance in the wake of the Gender Recognition Act 2004 repeat the conclusion of its earlier report that people cannot change gender. Not surprisingly, therefore, it has great difficulty with the implications of the Act, which permits, under certain conditions, the legal recognition of transsexual people in their 'acquired' gender, including new birth certificates and the possibility of heterosexual marriage (from the Evangelical Alliance perspective, of course, this would be a 'same-sex' marriage). This has increased anxieties about the risk of partners being deceived about the 'true' sex of their future spouses as well as their infertility, although these are ethical issues with which transsexual people have wrestled for some time.

The Church of England Position

In the ambitious document *Some issues in human sexuality* four Church of England bishops have surveyed some of the theological responses to the existence of Lesbian, Gay, Bisexual and Transgendered (LGBT) people in society and the Church. Chapter 5 explores gender identity, in its broadest sense, in history and theology, while Transsexualism is examined in Chapter 7. The authors make a valiant attempt to be even-handed, quoting the Evangelical Alliance report and Roman Catholic moral theologians alongside other Christian writers who are prepared to justify gender re-assignment and the godliness of transsexual people. The bishops' method is to summarise their review of the arguments in a series of, apparently, open questions; though one has the impression that these have been 'closed' in the earlier sections in favour of so-called 'traditional' teaching about gender and

sexuality. Here the marriage of transsexual people (their document was produced before the Gender Recognition Act) and the ordination of transsexual people are singled out as key issues for the Church to consider.

Marriage in the Church of England

The Gender Recognition Act 2004 enabled transsexual people who have transitioned, and are in receipt of a Gender Recognition Certificate and a new birth certificate, to marry a person of the opposite gender to their 'acquired' gender. Church of England clergy act as state registrars for marriage and the new law means that transsexual people now have the right to marry in their parish church, just like any other parishioner, provided there is no legal impediment, e.g. they have not been previously married (in which case they are subject to the same pastoral disciplines regarding second marriage following divorce as other parishioners) or in a forbidden degree of relationship to their intended. (The right to marry in the parish church does not apply in Wales where the Anglican Church is disestablished).

An exemption was negotiated to accommodate clergy who might conscientiously refuse to solemnise a marriage in which one or both parties was believed to have undergone gender re-assignment. In this scenario the incumbent (vicar/parish priest) would still be obliged to make the parish church available to the couple. The transsexual person with a new birth certificate is under no obligation to reveal their history to the minister, but where subsequent disclosure by others is a possibility it may be prudent to do so. The minister may discuss with their superior or supervisor issues relating to the marriage of a transsexual person without that person's permission, but their privacy should be respected, and the legal provisions on confidentiality also apply to the superior or supervisor.

Ordination in the Church of England

For a number of years the pastoral care of transsexual clergy in the Church of England was the unofficial responsibility of one of her parish priests, who undertook this task with love and discretion. Since the ordination of women to the priesthood was agreed by the Church of England five clergy have transitioned as trans women, a step that evoked very different reactions from their bishops - from outright hostility or disbelief to positive support and engagement - which reflected the range of responses to Gender Dysphoria noted in Some issues and the relative novelty of what was proposed. Over time it has become evident that these people are ministering and functioning far more effectively than they did before - with none of the scandal that was predicted - and recent legal changes have consolidated their position. Transition will always be an awkward time, especially for someone in a public role, but the Church of England now has positive experience to draw on. It was also heartening to learn, in 2005, that a woman's transition twenty years earlier was not an obstacle to her recent ordination to the priesthood in one English diocese.

The Metropolitan Community Church

'MCC', as it is affectionately known, was founded in San Francisco in 1968 by the Reverend Troy Perry as a church for gay and lesbian people, and now has congregations in the United Kingdom. Proud of its welcome to everyone, especially LGBT people, MCC has become home to a number of transsexual people and has offered a safe haven to those who have been rejected by their own churches. In addition to its impressive record of pastoral ministry MCC has encouraged and inspired many people to persevere in their quest for integrity, particularly in relation to their sexuality or gender. It exhibits both the joys and the limitations associated with being a 'ghetto' church, a label that is becoming less appropriate now that it attracts heterosexual members.

The Sibyls

Sibyls is an organisation that was founded to support Christians who are in any way transgendered, especially those who have been rejected or damaged by their own churches, and to help them explore the spiritual dimension of transition or their condition. It arranges two or three retreats each year where people can meet one another in safety for prayer, discussion, meals and entertainment. There are also smaller gatherings at other times.

CAN TRANS PEOPLE BE CURED?

The Evangelical Alliance report commends the work of Parakaleo, an organisation which claims that people can be healed of their transsexual condition, citing instances where individuals have undergone gender re-assignment and then returned to their birth sex under Christian influences.

Sometimes this happens independently of religious considerations, especially during the Real Life Experience (RLE), which, as its name implies, is the opportunity for the Gender Dysphoric person to check out their subjective feelings in the big wide world. They may have experienced a conflict between their gender identity and their birth sex but are they actually meant to alter the latter as well as their perceived and social gender? If not, now is the time to review the situation, and at this stage some people choose to resume their birth sex. Those who complete the RLE and continue in role with a view to genital and other surgeries are usually fairly sure that this is the right path for them. Genital surgery, like the effect of testosterone on a trans man's voice, is irreversible, and undoing hormone therapy is a complicated procedure, but a small minority of people who have undergone gender re-assignment do regret it, and their stories sometimes attract publicity.

The case alluded to in the Evangelical Alliance report was not one of these. Their example is a post-operative trans woman, 'Mandy', who lived successfully as a female and then joined a particular congregation only to return to her birth sex as 'James' – not the actual names - following a conversion experience. This story, told from the pastor's point of view, is still available on the Parakaleo website even though it is now widely known that James has become Mandy again, an outcome that is hardly surprising given

the evidence that the most effective 'cure' for the transsexual person is to transition to the gender with which they identify. Far from being an example of a successful 'cure' this episode illustrates the importance of Christian leaders being properly informed about transsexualism, and how damaging it can be to disturb someone's transition.

Unsafe/safe practice

Reading the article it is apparent that the pastor and congregation genuinely intended to handle Mandy's case with care and sensitivity. When she declared her gender history she was still accepted by the church and it is stated that no pressure was placed on her to return to her birth sex, rather, that she was allowed to develop as the Holy Spirit directed. The pastor even says that he would have continued to accept Mandy as a member of the congregation had it become apparent that the Lord had wished her to continue living as a female. These qualities of respect and love for the transsexual person should be the norm, but in actual practice, communities – even Christian ones – can exert all sorts of pressures, subtle or otherwise, conscious or unconscious, to 'persuade' people who are different to conform to group expectations.

Sadly this been the experience of many Christian transsexual people. Some have been threatened with excommunication, or told that they will never be able to assume a church office or responsibility if they continue with transition. Some trans people have felt humiliated and excluded when a church has banned them from using the toilet appropriate to their transition, or from any toilet on church premises, or insisted that they use the disabled toilet (because of its unisex status). This is pure prejudice as no one is at any harm or risk from the transsexual person. Moreover, if transition is to be real the person must be allowed to use the toilets appropriate to their gender identity and changing perceived gender. On the other hand, some pastors and congregations have lovingly accepted a Christian transsexual or a transgendered individual, dealing sensitively with practical issues such as the use of toilets, and the hope is that this would happen in the majority of cases.

WHEN A MEMBER OF THE CONGREGATION TRANSITONS

Obviously the greatest difficulties can arise when a member of the congregation explains that he or she is Gender Dysphoric and about to begin the Real Life Experience. The reaction may be shock and disbelief. This person may be a spouse and/or a parent, and everyone has assumed that they are the man or the woman that they appear to be; now they are saying the very opposite. Gender is not black and white, however: each of us is a mixture of masculine and feminine, some people being more strongly one than the other, and when someone declares that they might be a different gender identity from the one they are perceived to be it can cause uncertainty for some of the people around them. Usually this is a brief phase. People may be forced to look at themselves and they might have their own confusions to deal with. It is important that personal gut reactions do not become wrapped up with biblical texts and dogmatic pronouncements, as the combination of

emotional response and apparently authoritative teaching can be a harmful and destructive one.

A person disclosing their intention to proceed with gender re-assignment will have reached a critical point in their lives and they and their family will be looking for support and understanding from their church community. As Gender Dysphoria is a specialist matter affecting a minority of people there can be no expectation that the local church should have any expertise in this area. Continuing to be treated like any other member of the congregation ought to be the norm, and the support needed may be simply that of loving friendship and a regular listening ear. In one church someone was identified to befriend the trans person and simply listen to them on a monthly basis. Advice on how to find a spiritual director, usually a specialist beyond the local congregation, might also be helpful. These options could be made available to partners as well. The support of partners and their children is an important but specialised area, and it is advisable to direct people to an appropriate organisation, such as Depend.

By this point the person concerned is likely to know of specialist sources of help and the congregation could draw on these. The Gender Trust can provide information, advice and speakers. It would be wise to invite someone from the Gender Trust if the person's decision to transition is to be formally communicated to the congregation. In the workplace the communication to other employees or staff will have been handled very professionally and no less should be expected in the church setting, though in the majority of cases such formality will be unnecessary, as other members of the congregation will gradually hear of what is happening, begin to observe the changes, and continue to accept the person as they always have.

Prior to the amendment to the Sex Discrimination Act in 1999 many transsexual people lost their jobs, and even though they are better protected in the workplace today they may need help and encouragement, especially in the early days of transition.

ETHICAL ISSUES:

Gender re-assignment can raise various ethical dilemmas which clergy ought to be aware of without necessarily feeling that they need to have all the answers.

Gender variance in children and adolescents

Although Gender Dysphoria can occur in childhood and adolescence a transsexual outcome in adult life is by no means inevitable as the feelings may be resolved by the child or teenager before they reach maturity. Some studies suggest that the majority of those who exhibit Gender Dysphoria in childhood grow up to be lesbian or gay rather than trans, but large numbers of people question their gender identity at some time in their lives, particularly in their teenage years, and it would be helpful for youth leaders to be aware that this is a normal aspect of development. Some trans adults knew at a very

early age (four to six years old) that their gender identity was not the same as their biological sex, though they may not have said so at the time, while others were aware that something was wrong without knowing why they felt that way.

Irrespective of the outcome, these children deserve respect rather than the humiliation that was once heaped on 'sissy' boys in particular, or the endless battles to make a 'tomboy' dress as a girl. (It would be interesting to explore why these behaviours arouse so much unease in parents, teachers etc.) Whatever the circumstances, children suffer terribly, whether they go on to be trans or not. Bullying, isolation, low self esteem and lack of self confidence, are all common for these children, and adolescence can be particularly painful. Estimates suggest that up to 50% of children suffering with gender issues attempt suicide.

Parents who are worried on any of these points can find help and information on the GIRES (Gender Identity Research and Education Society) website and the helpline and website run by Mermaids, a support group specifically for trans children and their parents. Specialist help is available by referral to Dr di Ceglie's team at the Portman Clinic.

GIRES has kindly offered this comment: 'Adolescents who are almost certainly transsexual typically experience extreme stress as their bodies begin to develop in ever greater conflict with their innate gender identities. They can be offered medication to put their pubertal development on hold. This relieves their stress and also gives them and their carers more time in which to ascertain whether the Gender Dysphoria is persistent. If the persistence is confirmed, they can begin hormonal medication to masculinise or feminise their bodies in accordance with their core gender identities. However, if they did decide to revert to their previous gender role, they could stop the medication and revert to their previous pubertal development. Among the factors to be considered is fertility. These young people would need to be given proper information on their reproductive options in the light of the latest technological advances, such as the freezing of sperm and ova. Many respectable overseas centres offer to suspend puberty at an early stage by prescribing medication to block the body's production of sex hormones. In the specialist UK centre this medication is not offered until full pubertal development has been completed. Failure to offer it results in lifelong disadvantage (e.g. a deep voice in trans women) and more costly medical care (e.g. chest reconstruction in trans men).' See further 'Endocrine Treatment for Adolescents' on the GIRES website.

Self-fulfilment versus self-sacrifice

Transsexual people who transition are sometimes accused of selfishness for putting their personal needs above other considerations and, if they are Christians, reminded of the virtue of self-denial. Here the choice is presented as if it were a simple one between the worldly ideal of self-fulfilment and the religious ideal of self-sacrifice, but moral choices are rarely that straightforward. Transition can involve considerable sacrifice for those who proceed with it, and while they may eventually flourish psychologically and

spiritually there will have been many losses on the way. In any case, Christian ethics regards love as far more significant than renunciation – though love may require precisely that – and in Jesus' teaching love of self is seen as key to loving others. When someone transitions their self esteem often increases because they have begun to love themselves as they truly are, instead of pretending to be someone else. One also has to bear in mind the psychological and social cost in terms of depression etc. of maintaining that pretence, though people often do, usually so as not to hurt their partner or family. Only when internal defences begin to break down and the façade starts to crumble do relatives appreciate the distress their loved one has been living with and the love and sacrifice that will be required of them as well, whatever the outcome may be.

Marriage and partners

Transition can place a serious strain on a marriage or partnership and many relationships do not survive the process, though some do. Partners, and families, can feel embarrassed or ashamed about what is happening. They may also experience a sense of loss or bereavement when the man or woman they knew and loved begins to change outwardly, however much they may claim that they are still the same person inside.

Wives of trans women sometimes begin to question their own femininity and, like the husbands of trans men, may be unable to cope with the idea that their marriage will henceforth be perceived as a same-sex relationship. Many trans men are already in such relationships when they transition, having assumed – because they are sexually attracted to women – that they are homosexual. The declaration of a male identity can come as a devastating blow to a lesbian partner, threatening her own sexual identity, often hard won in the face of discrimination and perceived male oppression.

During transition sexual orientation can alter, as well as gender, adding further complications, especially for couples. For instance, a trans woman, who was previously attracted to women and married to a woman, may find herself attracted to men; likewise, a trans man who was once attracted to women and in a lesbian relationship may begin to find men attractive. No one can predict these outcomes and the individuals concerned have to learn how to deal with them. They will also be experiencing all the turbulence of a second puberty, so emotions may be running high.

If a couple decide to remain married after transition and re-assignment the transsexual partner cannot acquire a full gender recognition certificate or a new birth certificate. To do this they have to arrange for the marriage to be dissolved, and then, should the couple wish to remain together, they may enter into a civil partnership: an option that some have taken, while others object to this as an invidious choice.

Open or 'stealth'

When and who to tell about one's gender history is an ethical dilemma that has been touched on already. At one time transsexual people were expected to 'invent' a past in order to begin their new life; now they can be more open, if they wish, as society is better informed about their condition, which has reduced the fear and threat of exposure, and increased the chances that friends and colleagues will be sympathetic.

THE WIDER PICTURE

The term transgender, which includes transsexual people, has become an umbrella one that also covers transvestites or crossdressers - those who temporarily assume the clothes and behaviour of the opposite gender without wishing to change their birth sex - and transgenderists who prefer to adopt a gender neutral/androgynous appearance, or to change their perceived and social genders without the help of surgery or, in some cases, even hormones. Although these two groups are distinct from transsexual people there can be some overlap, as all are experiencing Gender Dysphoria to some degree. Christian congregations have, and will continue to include people from across this spectrum.

There are many people who live with a deep confusion about their gender identity, the majority of whom are probably not transsexual, but who nevertheless need a great deal of help and support to understand themselves better.

Whenever someone presents with a problem of gender identity the best form of help a Christian community can provide is a loving and accepting environment in which the person can gain the confidence to find out whether or not they are transsexual. Once their diagnosis has been confirmed they may or may not wish to transition, and, if they prove not to be transsexual, they face the question, 'what now?' In each of these circumstances, pastors and congregations can play an important role in helping people explore the complex reality of what it means to be a human being made in the Divine image.

Christina Beardsley, an Anglican priest and whole-time healthcare chaplain, co-founded the Clare Project in Brighton & Hove for people dealing with issues of gender.

Acknowledgements

My thanks are due to my friends David, Helen, Jay, Marissa, Mel, Michelle and Stephen who commented on earlier drafts of these guidelines, and wherever possible I have incorporated their suggestions and amendments. I am especially grateful to Stephen for ensuring that the trans men's perspective was addressed, to GIRES and Mermaids for their contribution to the section on children and adolescents, and to Michelle O'Brien for writing the Appendix on Intersex.

SUMMARY:

Actively listen to the transsexual person

Respect their privacy and maintain confidentiality

Don't judge them

Don't jump to conclusions: gender is complex and you are not expected to have all the answers

Engage with Scripture in all its richness

Examine church teaching on this subject, but remember - it tends to be suspicious of the latest scientific research and current medical treatments

Try and find out what the specialists are saying – they have met with and treated hundreds of transsexual people

Refer people to specialists whenever you feel out of your depth – this is a specialist area

Accept people as they are: let the Holy Spirit be their guide rather than you

If someone in the congregation transitions it may become a management issue and you might need professional help

Transphobia, the irrational fear of transsexual people, does serious harm to the person, their family and the congregation it affects

The transsexual person has to resolve any ethical issues that arise, with God's help. It is your privilege to listen and then to pray for them as they do this.

Further Information

Websites or organisations

THE GENDER TRUST,
PO Box 3192,
Brighton, BN1 3WR

Information Line 07000 790347
Administration 01273 234024;
Email: info@gendertrust.org.uk
Website: www.gendertrust.org.uk

DEPEND, the support group for partners, operates various mailing lists:
Website: www.depend.org.uk

FTM NETWORK for Female to Male transsexual or transgendered people
(including those exploring)
Website: www.ftm.org.uk

THE GENDYS NETWORK
Website: www.gender.org.uk/gendys

GIRES – Gender Identity Research and Education Society
Website: www.gires.org.uk

INTERSEX SOCIETY OF NORTH AMERICA (ISNA):
Website: www.isna.org

MERMAIDS is the organisation dealing specifically with children who think
they may be trans (and their parents):
Website: www.mermaids.freeuk.com
Helpline 07020 935066 Monday to Saturday - 3pm until 7pm only,
UK Time

ORGANISATION INTERSEX INTERNATIONAL (OII):
Website: www.intersexualite.org

PRESS FOR CHANGE is the campaigning organisation for trans people
Website: www.pfc.org.uk

THE SIBYLS, Christian Spirituality Group for the Transgendered
Write to: The Sibyls, BM Sibyls, London WC1N 3XX
Website: www.sibyls.co.uk

2. Email Groups:

For Female to Male transsexual or transgendered people (including those exploring)

<http://groups.yahoo.com/group/FTM-UK>

For Male to Female transsexual people:

<http://groups.yahoo.com/group/transsexual-uk/>

3. Books and articles: general

BROWN Mildred L & ROUNSLEY Chloe Ann, True Selves: Understanding Transsexualism - for Families, Friends, Co-workers and helping professionals, (1996), Jossey-Bass Publishers: San Francisco. ISBN 0-7879-0271-3

PURNELL Alice, Transexed and Transgendered People – A Guide, (2004), Gendys Network. ISBN 0-9525107-7-4. (Available from GENDYS)

WHITTLE Stephen, The Transgender Debate, (2000), South Street Press (an imprint of Garnet Publishing LTD). ISBN 1-902932-16-1

WHITTLE Stephen & TURNER Lewis, “Sex Changes’? Paradigm Shifts in ‘Sex’ and ‘Gender’ following the Gender Recognition Act?’ is available online at <http://www.socresonline.org.uk/12/1/whittle.html>

Transsexualism: The Current Medical Viewpoint by Russell Reid, Domenico di Ceglie, James Dalrymple, Louis Gooren, Richard Green & John Money, 2nd edition, (1996), ASIN 0952784203 is available online at www.pfc.org.uk/node/614

4. Books and articles: religious perspectives

For a Roman Catholic perspective on the Gender Recognition Act 2004 see www.catholic-ew.org.uk/citizenship/mfl/genderrecognition/gr040302.htm

Transsexuality: by the Evangelical Alliance Policy Commission, (2000), Paternoster Press: Carlisle. ISBN 0-95329-926-0.

Gender Recognition: A Guide For Churches to The Gender Recognition Act (UK) (2006), Evangelical Alliance and Parakelo Ministry.

The Evangelical Alliance’s position is critiqued on the Press For Change website at <http://www.pfc.org.uk/node/672>

John Hare, "Neither male nor female": the case of intersexuality', pp 98-111 in *An Acceptable Sacrifice? Homosexuality and the Church*, Duncan Dormor and Jeremy Morris (Eds.), (2007), SPCK: London. ISBN 9780281058518

Some issues in human sexuality: A guide to the debate. A discussion document from the House of Bishops' Group on 'Issues in Human Sexuality', (2003) Church House Publishing: London. ISBN 0-7151-3868-5

For my critique of Chapter 7 (and other aspects of Some issues) see:

Christina Beardsley, 'Taking Issue: The Transsexual Hiatus in Some issues in human sexuality', *Theology*, Vol. CVIII No. 845, September/October, 2005, pp. 338-346. ISSN 0040-571 X

'The Gender Recognition Act and the Church – What the Law says. A Note from the Church of England's Mission and Public Affairs Legal Division', April 2005 can be found at <http://www.cofe.anglican.org/info/papers/gra.doc>

'Transsexualism in the Church: A pastor responds' can be found on the Parakaleo website at <http://www.parakaleo.co.uk/article2.html>

Gender Reassignment and the Bible (private publication, 2nd ed., 2000) by Georgina W. Everingham, an Evangelical priest who uses biblical principles to support trans people's experience.

Stephanie Robinson's *Would Christ Be Dismissive? How to see the transsexual in the Church of Christ* (2004) published on behalf of The Evangelical Association, a fellowship of Evangelical Christians who are transsexual or associated with someone who has Gender Dysphoria.

Look out for the forthcoming publication on *Transsexualism and Christian Ethics* by the Revd Dr Helen Savage.

There are two older booklets on this subject, both published by Grove Books:

Oliver O'Donovan, *Transsexualism and Christian Marriage*, (1982). ISBN 0907536336

David Horton, *Changing Channels? A Christian Response to the Transvestite and Transsexual*, (1994). ISBN 1851742581

APPENDIX: INTERSEX

By Michelle O'Brien

There are a range of intersex conditions, which are usually taken to be different from transsexuality. Medical views are usually that intersex is a set of physiological issues, and gender issues are rare amongst intersex people; many intersex advocacy groups stress this as well. Some experts (such as Professor Milton Diamond) consider transsexuality to be a form of intersex, and a growing number of transsexual people agree with this. The best way to find out information on specific intersex conditions is to search for condition-specific support sites on the internet; these tend to focus on the medical aspects of these conditions, and not the social, gender or psycho-sexual issues.

It is difficult to summarise or categorise how different intersex conditions present themselves because one individual's experience may vary from another person with the same condition. Intersex Society of North America (ISNA: www.isna.org), a US advocacy group, tends to follow the medical model, to the extent that it endorses viewing intersex as disease by using the nosology 'Disorder of Sex Development', focussing on the physical aspects and seeking demarcation from those with 'Gender Identity Disorder'. Other groups, such as Organisation Intersex International (www.intersexualite.org), which reject the terminology of disorder, are less amenable to categorisation; like Milton Diamond they regard intersex as a form of sex variation covering a range of issues which may affect gender as well as physical aspects of sexual development and other more serious health-issues.

Androgen Insensitivity Syndrome features among people with XY chromosomes, and the degree of intersex can vary between Partial (PAIS: usually male phenotype), Mild (MAIS: can be mixed phenotype), and Complete (CAIS: usually female phenotype). Many people with AIS are assigned female and have no gender identity issues; some people with AIS are assigned male, and have no gender issues, but are more concerned with assistance in maintaining erections and being able to father children; there are people with AIS who are assigned male who would have preferred a female assignment. 5 alpha-reductase is an XY-chromosome phenomenon and presents similarly to AIS; usually people are assigned female, and there have been incidents of people transitioning to male after adolescence; there are individuals who were assigned male who would have preferred to have been assigned as female.

People with Congenital Adrenal Hyperplasia (CAH) usually have XX chromosomes; the action of the adrenal gland producing too much cortisol can be life-threatening and can entail virilisation. Some people with XY chromosomes can have a form of CAH, but the effect is opposite to that among those with XX chromosomes; they can be under-virilised and assigned male, and a few of these may have gender or fertility issues later in life. Some people are XX, develop a female phenotype, but have a late onset of CAH (LOCAH), and start to virilise in adulthood. The issues for many of these

people are not about sexual assignment or gender identity, but survival, because of the stress placed upon the body by the way the adrenal glands function; salt-wasting and adrenal crises can be life-threatening.

XX/XY, or mosaicism, is what used to be called 'true-hermaphroditism'. Individuals have a mixture of XX and XY chromosomes in the body, and can present phenotypically as a mixture of both sexes. These people are rare, and what are usually referred to as 'hermaphrodites'; more recently their bodies have become fetishised on certain internet sites.

Some people have a missing sex chromosome; represented as XO this is known as Turner's Syndrome. They appear female at birth, but because there are no primary sexual organs secondary sexual development does not occur at adolescence.

People with Klinefelter's Syndrome are categorised as such because they have extra X chromosome(s), usually represented as XXY. They appear male at birth, but the lack of testosterone means female fat distribution and breast development may occur at adolescence. Most children are assigned male, and adults tend to live in society as men (usually infertile); some do have a female gender identity and transition to live as women.

In addition to those listed above, usually regarded as naturally occurring intersex conditions, hormonal imbalance in pregnancy from exposure to external agents can cause intersex in the developing foetus; this is referred to as Progestin Induced Virilisation (PIV). In 1960s and 1970s some women were given progestin to help with problems in pregnancy; when the foetus had XX chromosomes, the result could be the birth of a virilised child. Such children were often subject to 'corrective' surgery, some assigned male, some have rejected their assignment in later life; there are those who regret the surgeries as a child. A similar situation has been put forward for people with XY chromosomes exposed to oestrogens during pregnancy, either in the form of diethylstilbestrol (DES) or environmental endocrine disruptive chemicals (EDC's). This has been hard to prove, but is increasingly being adopted as a cause among people with intersex-like symptoms but who have no clear intersex condition that they can be diagnosed with; it is suggested as a cause for male infertility, genital malformation, testicular cancer, and even transsexuality. As with PIV, surgeries may have been seen as being required to 'correct' genital anomalies, and individuals have later rejected their original sex-assignment.

Most intersex people are not concerned about the appropriateness of their sex assignment, but those who experienced early childhood surgeries do have issues about those surgeries carried out to 'correct' genital anomalies and the legacy that leaves them with. Not all intersex people did experience such surgeries, however, and it is becoming increasingly the case that doctors in the UK will try to avoid surgical intervention whenever possible.

There is limited information about the incidence of these conditions; what there is tends to be gleaned from various studies which give percentages of samples that are then extrapolated nationally. I am wary of these estimated figures as those published are usually very conservative whilst some intersex advocates are more generous. The numbers concerned are usually influenced by the person's definition of what is genuinely intersex; some experts do not count CAH, some do not count Klinefelter's. Some experts give a very conservative estimate based only on the incidence of mosaicism (which is extremely rare); others will confine themselves to those who have identifiable causes; others will include those who have an intersex presentation with no chromosomal cause, but some unknown hormonal factors that can be traced back to early childhood or prenatal factors. The broader view places estimates as high as 2% of the population; the narrow view is that intersex is very rare. Many people do not know that they are intersex, as this was kept from people for many years.

Research that has been carried out looking at the figures from a number of historic studies suggests that the numbers of intersex people who go on to reject their birth-assignment and change sex is around 6-7%, a proportion that is far higher than for the numbers of transsexual people in the general population. Intersex is more common than transsexuality, but less public.

Information last updated on 04 June 2007