The Church And The Transgender Issue

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Introduction

Medical advancements, political pressure, and widespread acceptance have fueled a debate over gender identity between the culture and the church. In February of 2015, California Congressman Mike Honda posted the following tweet heard around the culture: “As the proud grandpa of a transgender grandchild, I hope she can feel safe at school without fear of being bullied.” Above the statement that was destined for viral status, the Congressman included a picture of himself and his eight-year-old grandchild, Malisa “X.” Malisa, born Brody X, picked out a new name and alternate gender identity at the tender age of three. Now, with the help of supportive parents and a politically connected grandfather, Malisa’s family and community have embraced Malisa’s very public transition from male to female. Congressman Honda released this timely statement concerning his gender non-conforming grandchild less than one month after a historic State of the Union Address where, as Alexandra Jaffe of CNN reports, President Obama became the first president to mention transgender individuals in any speech. The proclamations of Honda and Obama underscore the fact that transgenderism is a growing issue in the culture. However, their assertions have also left the church with more questions than answers. For example: What would cause such a young child to make a life-altering, gender-altering decision? And, how should the church respond?

The purpose of this article is to examine the church’s relationship to transgender individuals. First, this article will provide a concise evaluation of the transgender issue in contemporary culture. Next, the author will present a summary of the gender transition process. Then, the author will proceed to examine the morality of transgenderism from a biblical perspective. Although gender transition is immoral, transgender individuals are redeemable. The church can prepare to minister to transgender individuals in both the culture and the community of faith.

Defining Transgender

Malisa X’s condition goes by several emerging and hotly contested titles, none of which are universally agreed upon either by the church, the medical community, or the culture in general. The inherently negative designation of Gender Identity Disorder (GID) has recently ceded to Gender Dysphoria (GD). GD, which is also commonly referred to as transsexualism, ultimately results in transgender (TG) individuals. While all three terms are used interchangeably in both mainstream culture and the medical community, many TG advocates believe that the 2013 descriptive term Gender Dysphoria will likely prevail over GID and transsexualism in time because GD removes the negative stigma associated with “disorder” while still allowing medical professionals to prescribe treatment. Furthermore, the diagnosis of GD has afforded TGs the legal grounds to challenge insurance companies and government agencies to provide the necessary funding for both chemical and surgical treatments for their condition. Although labeling the condition that results in TG individuals presents various complexities for both the church and culture, the more pressing question remains: How is an individual diagnosed with GD?

Cultural Transgender Influences And Implications

GD has presented the culture, the medical community, and the church with a myriad of complicated and conflicting moral issues regarding the medical and social treatment of TG individuals. First, although Hartocollis states, “No proven biological markers” exist to allow the medical community to diagnose an individual with GD, Ahmad et al. report that the medical community still considers GD a physical ailment that can be corrected with therapy, medication, and surgery. The lack of biological markers makes GD a purely psychological condition that is classified by an array of social and psychological symptoms. Socially, Steinmetz reports that individuals with GD are “significantly more likely to be impoverished, unemployed, and suicidal than other Americans.” Psychologically, Udeze et al. describe the broad spectrum of GD symptoms as ranging from anxiety/depression, to feelings of rejection, to “a constant feeling of psychological discomfort related to their anatomical sex.” Finally, the TG issue is complicated even further by the fact that GD symptoms are presenting in very young children. In a recent interview, Jeannette Jennings, mother of celebrity TG teen advocate Jazz Jennings, claims to remember “two-year-old Jazz asking, ‘When is the good fairy going to come and change my penis into a vagina?’” While the answer to this question may be sooner than most realize, the implications of a child making permanently life-altering, gender-altering decisions are being overlooked by many within the culture. For instance, if an individual begins to question his
or her biological gender, should that individual be encouraged to alter gender or thinking?

With increased cultural awareness being given to TG issues, gender non-conforming children as young as Malisa X and Jazz Jennings are manifesting GD symptoms. Regarding this phenomenon, Hartocollis notes, “Studies suggest that most young children with gender dysphoria eventually lose any desire to change sex.”12 Even Harvard Medical School professor and TG advocate Dr. Normal Spack concedes that “80 per cent of prepubescent children who identify as the opposite gender will change their minds, while 20 per cent will persist.”13 Yet in spite of this statistic, Dr. Spack, a pediatric endocrinologist at Boston’s Children’s Hospital, recalls how he was “salivating”14 like Dr. Seuss’s Sylvester McMonkey McBean over the prospect of administering previously FDA-banned puberty-blocking hormones to young Sneetches suspected of GD in the United States of America.

The alarming rate of children who ultimately outgrow gender non-conformity, when coupled with GD’s highly subjective diagnosis and highly invasive treatment, has fueled the ethical debate regarding the growing number of radical procedures parents pursue for gender non-conforming children. Hartocollis even notes the divided opinions among medical experts due to the fact that “it is impossible to predict which children will grow up to be transgender and which will not.”15 According to TG expert Dr. Jack Drescher, these diagnostic variables have resulted in “clinics working by the seat of the pants”16 to identify and treat GD in children. Considering Drescher’s experience with establishing GD criteria, his statement begs the question: What happens when life-altering, gender-altering decisions are made by the proverbial seat of the pants and reinforced by society?

With mounting attention and subsequent confusion being generated by both proponents and opponents of GD in the culture at large, individuals identifying as TG are beginning to face increased criticism, and even opposition, from former allies. Although the TG community once enjoyed a measure of solidarity from within the Lesbian, Gay, Bisexual, and Transgender (LGBT) coalition, GD’s distinction from homosexuality and strong affinity for gender differences has caused a rift in the movement. Recent celebrity TG Caitlyn Jenner17 explains the difference between LGB and T as follows: “Sexuality (LGB) is who you personally are attracted to … But gender identity (T) has to do with who you are as a person and your soul, and who you identify with inside.”18 The result is a complicated dynamic of muddled sexual identity and expression. For example, it is not an uncommon scenario for some biological males with GD to transition to TG females while still being sexually attracted to females, thereby identifying as lesbians.19 Other male to female TGs like Jenner also remain attracted to biological females but insist on identifying sexually as heterosexuals while simultaneously maintaining that their gender is female.20 Lenow summarizes the internal conflict from within the LGBT community as follows:

The unified LGBT agenda attempts to remove any distinction among genders, particularly for roles in relationships, ability in the workforce, and cultural stereotypes. There is a commitment to pure egalitarianism whereby no specific gender has a unique role or function. This is crucial especially for homosexuality because the nature of their relationships require no gender differences. When two women or two men enter into an intimate relationship, any gender roles they express must be socially constructed rather than biologically determined. Thus, one of the points of the LGBT narrative is that gender has no real impact on roles…. The often-forgotten quadrant of the LGBT movement is the “T”—transgender individuals who sometimes face the scorn and opposition of the more mainstream lesbians and gays….

Transgenderism undermines the public gender narrative that has been successfully promoted in the culture.21 Lenow argues that TG individuals deviate from the LGB party line of socially constructed gender roles by clearly affirming and pursuing gender distinctions. As a result, sexual preference and gender identity must be treated as two separate, distantly related, occasionally overlapping, but often conflicting issues. This article focuses on the issue of gender identity.

The exact cause of GD and the exact number of individuals struggling with GD are also the subjects of much debate and speculation. Allison George reports, “The incidence of adult transsexualism has been estimated at about 1 in 12,000 for male-to-females (MtF), and around 1 in 30,000 for female-to-males (FtM).”22 However, Hartocollis notes, “But the number of teenagers going through gender reassignment has been growing amid wider acceptance of transgender identity.”23 Regarding the cause of GD, Schwartzapel quotes renowned psychologist Dr. Kenneth Zucker who asserts that GD symptoms in children are “likely the result of a childhood experience or trauma, or a manifestation of some underlying psychiatric or family problem. The situation will only be made worse … if parents and teachers encourage it.”24 Nuttbrook et al. have also noted the correlation between involvement in sex industry and the manifestation of GD.25 Dr. Zucker further attributes the rise in GD among children and teens to the internet’s accessibility and fashionable portrayal of the TG lifestyle.26 Steimertz confirms Zucker’s suspicions: “The internet has been a revolutionary tool for the trans community.”27 Hartocollis also supports Zucker’s premise regarding the media as the primary tool for TG recruitment. When documenting the pivotal point in teenager Katherine Boone’s transition from biological male to TG female, Hartocollis reports that it occurred “when she discovered the transgender world on the Internet.”28 For children and teens struggling with gender identity, a wealth of GD and TG resources, coupled with a predominately positive portrayal of the TG transitioning process and ensuing lifestyle, are all literally at their fingertips.

GD has no shortage of contemporary faces in the culture presenting children, teens, and adults with the glamorous elements of the TG lifestyle through fiction and nonfiction books, magazines, television, movies, and online resources. These individuals range in age and celebrity status from senior citizens and former athletes like Caitlyn Jenner, to young adult television stars like Lavene Cox, to teenage authors and advocates like Jazz Jennings, and now to elementary school grandchildren of...
Transition.

**Phase 1: Social Transition**

Females transitioning to male (FtM).

This process is different for children than it is for adults, and it is different for males transitioning to female (MtF) than it is for

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two, the TG may pursue the surgical transitions that characterize phase three. All three phases of gender transition involve an ongoing

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has been established, the gender non-conformist can begin to identify as TG and actively pursue a GD diagnosis. After a diagnosis is

of media contact. Ringo defines the final, maturation phase of TG recruitment via media contact as occurring when the “respondent experience(s) support for his previously adopted gender identity as a result of media contact.”

Yet in spite of the documented influence of the media’s role on an individual’s understanding of gender identity from

within the TG community, most TG advocates, including Ringo and Dr. Herb Schreier, continue to maintain that gender identity, like biological
gender assignment, is inherent within the individual.

Due to the increasing amount of positively portrayed TG individuals in the media, the number of children being exposed to the TG lifestyle and

experiencing the symptoms associated with GD resulting from direct media contact can be expected to grow exponentially in the coming years

from both inside and

outside the church. Parents of children with GD, like those of Malisa X and Jazz Jennings, are typically encouraged by medical

professionals from within the culture to allow their children to identify with the gender of their choosing. Beth Schwartzapfel summarizes this

ideology when commenting on the life of “Maggie,” a five-year-old biological female who identifies as a male:

Given how early dysphoria can emerge in kids like Maggie and how deeply it cuts to the core of who they are, a growing number

of therapists, doctors, and parents are advocating an early gender transition: If Maggie says she’s a boy, then it’s our duty to

believe him and treat him as such. Given the very real risks to transgender people who remain in the closet … those in this camp

say that to deny that Maggie is a boy is to set the child up for a lifetime of repression and pain.

As the TG population increases and as children like Maggie, Malisa, and Jazz make life-altering, gender-altering decision at ever younger

ages, the church must prepare to minister both to individuals who struggle with GD and with those who elect to alter their gender only to

experience regret later in life. In order to minister effectively to TGS, church leaders must possess a cursory understanding of the

transformation process.

**Overview Of The Gender Transition Process**

Tebbe, Moradi, and Ege identify children who conform to their biological gender as “Cisgender,” while children who present symptoms of GD

are identified as, “Gender non-conforming.” A gender non-conformist must transition through three successive phases in order to complete

the TG process. The diagnosis of GD occurs at some point between initiating phase one and entering phase two. Each consecutive phase of

gender transition involves an increased degree of time, cost, pain, risk, and commitment from the individual. Due to these and other variables,

many TGs are never able to achieve a full transition.

The first phase requires the individual to transition socially from one gender to another. As documented by Ringo, direct media contact
typically guides the TG through the stages of pre-awakening, awakening, identification, and maturation. Once the social transition process
has been established, the gender non-conformist can begin to identify as TG and actively pursue a GD diagnosis. After a diagnosis is

achieved, the TG is able to proceed into phase two of the gender transitioning process, which involves the use of medically prescribed

hormones. Hormone therapy marks the beginning of the chemical transition phase. The degree of hormone therapy will vary greatly

depending on the age, health, and biological gender of the individual. Once the individual has successfully transitioned into phases one and

two, the TG may pursue the surgical transitions that characterize phase three. All three phases of gender transition involve an ongoing

process. As a result, each phase should be considered a spectrum rather than a specific point of transition. Furthermore, the transitioning

process is different for children than it is for adults, and it is different for males transitioning to female (MfF) than it is for

females transitioning to male (Fm).

**Phase 1: Social Transition**

For gender non-conforming children like Malisa X or Jazz Jennings, the gender reassignment process may begin at an early age with a social

transition. During this initial phase of gender transition, the individual begins to dress and behave publically like the preferred or “brain”
gender. Family members, teachers, and members of society are advised to refer to biological male gender non-conformists with female pronouns and biological female gender non-conformists with male pronouns in order to affirm and reinforce the child’s decision to conform to the non-biological gender. TG children and adults alike are also granted the right to be universally accepted as their brain gender. Acceptance includes allowing the TGs to participate as their brain gender in sports or other activities and utilizing the restrooms designated for their brain gender. During the social transition phase, Tebbe et al. have identified a general reluctance by society to accept gender non-conforming children. As the TGs progresses through the transitional phases, their sensitivity to anti-trans prejudice becomes more pronounced. The final step of social transition involves an official name change.

A critical stage in the social transitioning process for the gender non-conformist is the selection and assignment of a new name. Steinmetz notes, “Every trans person has their own naming story—if choosing a new name was part of their transitioning process (sic).” Steinmetz continues to emphasize the anti-trans prejudice of refusing to identify the gender non-conformist by the desired name:

The process of adopting a new name can be messy in one’s personal life, with less accepting people intentionally using an old name or well-meaning people simply forgetting and making mistakes…. Using the name someone asks to be called can make a big difference to the person making that request…. To not use the name can seem to be the opposite: a rejection of who a transgender person is saying they are, or an insinuation that they are not really who they say they are. Even when it’s done on accident, this act is sometimes called “dead naming” a transgender person.

So crucial is the TG name change to the process and so powerful is the threat of transphobia for the “dead-naming” guilty party, that even large corporations like Apple have taken precautions to avoid an anti-trans prejudice label. Heigl reports that the popular intelligent assistant Siri “has begun correcting people who refer to Caitlyn Jenner as ‘Bruce.’ … And if you ask Siri, ‘What gender is Bruce Jenner?’ Siri tells you, ‘The answer is female.’”

Although the TG individual will continue to transition socially into the new gender for the remainder of life, Dr. Gail Knudson notes that medical and psychological professionals generally require children and teens to complete two years of social transition prior to progressing to the next phase of the gender transitioning process. Most adults, on the other hand, are required to complete only one year of social transitioning before being eligible for additional procedures. Since the initial social transition phase does not typically involve any medical or surgical procedures, an individual who identifies socially as a TG is capable of fully transitioning back to the biological/birth gender.

**Phase 2: Chemical Transition**

Once all necessary social transition requirements have been satisfied, the TG progresses into phase two in order to continue the gender transitioning process. Here, not only does the transition process for the gender non-conformist become more invasive and more permanent, but time and money also become major factors. As the TG child approaches puberty, the individual will require the aid of hormone therapy in order to stave off gender-specific body developments. Although all TGs who desire surgical procedures must pass through the chemical transition phase, only children have the unique opportunity to participate in puberty-blocking hormone therapy. Therefore, the hormone therapy phase for gender non-conforming children involves two stages, while it is restricted to one stage for adults seeking gender transition. The recent advent of this early stage of hormone therapy for children is presently at the forefront of the medical, ethical, and legal debate over TG procedures.

The first stage of hormone therapy specific to children requires the administration of puberty blockers. While most TG advocates claim that the effects of puberty blockers are safe and reversible, Geddes notes, “Although the effects of puberty-blockers are not permanent—natural puberty should resume if the drugs are stopped—few trials have explored the long-term effects of delaying puberty in this age group.” The chemical transitioning phase for TG children begins when puberty hormone blockers are administered during prepubescence in order to postpone or prevent the development of secondary sexual features intrinsic to the TG’s biological gender. These characteristics include breasts and menses for biological females; and the growth of hair, muscle, and the lowering of the voice for biological males. Gibson and Catlin note, “The primary goals of hormone use for those children who believe they need sex reassignment are twofold. The first is to eliminate, to the degree possible, the hormonally induced sex characteristics of the birth assigned gender, and secondly, to induce those of the desired gender.”

Although a lifetime of hormone therapy is required for the TG in order to maintain gender-reassignment, puberty blockers are effective only if administered to children and teens.

The second stage of hormone therapy involves the administration of estrogen to biological males transitioning to female and testosterone to biological females transitioning to male. The administration of these hormones in children and adults alike marks the point of no return in the gender transition process where, unlike puberty blockers. Zucker states, “The effects … are not reversible.” The irreversible consequences of estrogen and testosterone usage range from infertility to liver damage, to the development of secondary sexual characteristics of the opposite biological gender, to an increased risk of cardiovascular disease. In order to complete phase two of the transitioning process, proceed to surgical options of phase three, and maintain the chemically induced gender transition features, TGs must continue to take the gender-appropriate hormone therapy for the remainder of their lives. The individual TG is capable of fully transitioning back to the biological...
point in phase two, but some side effects will persist depending upon the length and strength of hormone therapy.

Phase 3: Surgical Transition

The final phase of the gender transitioning process involves sexual reassignment surgery (SRS). Medically, Gibson reports, “SRS is considered to be an irreversible treatment.” SRS is not restricted to one surgery, but instead involves a series of surgeries during the third phase of the transition process. These SRS often occur throughout the remainder of the TG’s life. TG SRS can be broken down into four types of surgical procedures. The order and extent of the surgeries will vary depending on the gender, objectives, health, and financial resources of each individual TG. The first category addresses primary MtF SRS. The next category describes secondary MtF SRS. The third category contains the primary FtM SRS. And the final category involves secondary FtM SRS. MtF and FtM primary SRS are popularly referred to as “bottom” surgeries, while secondary MtF and FtM surgeries are generally deemed cosmetic or “top” surgeries.

Male To Female Sexual Reassignment Surgery

The primary gender reassignment surgical procedures required for a TG to transition MtF include an orchietomy and genital reconstructive surgery. During genital reconstruction, the erectile muscle is removed from the shaft of the penis. A functioning neo-vagina is then constructed on a biological male either by inverting the remaining skin of the penis into the TG’s pelvic region or by removing a segment of the colon and transplanting it into the TG’s body. A portion of the glans preserved from the penectomy is used to construct an innervated clitoris, and plastic surgery creates the rest of the necessary neo-vulva. However, even with hormone and psychological therapy, the TG’s biologically male body will continue to identify any reconstructed female neo-genitalia as wounds and naturally attempt to heal. As a result, a lifetime of post-operative care is required to maintain the physical MtF transition. This procedure is not reversible.

Secondary MtF SRS involves a wide variety of cosmetic surgical procedures that produce gender-specific, effeminate results on the TG. These SRS range from breast implants, to facial reconstruction, to chondrolaryngoplasty. Secondary SRS can be sought before or after primary SRS. These “top” procedures, most of which are not reversible, accent the arduous and costly physical transitioning process from one gender to another.

Female To Male Sexual Reassignment Surgery

The primary gender reassignment surgical procedures required for a TG to transition FtM include a hysterectomy and genital reconstructive surgery. In both cases of metoidioplasty and phalloplasty, the ureter is elongated and the clitoris is surgically removed and reshaped to form a neo-phallus capable of urination. A metoidioplasty will result in a smaller neo-phallus with less possible post-SRS complications. A phalloplasty is neo-genital reconstruction that involves grafting forearm skin and transplanted body fat onto the pelvic region. While this SRS results in a larger neo-phallus, a phalloplasty also has much greater potential for post-SRS complications. Like MtF bottom surgery, FtM bottom surgery requires a tremendous financial commitment, a lengthy hospital stay, and a lifetime of post-operative care in order to complete the transition. This procedure is not reversible.

Secondary FtM SRS also includes a wide array of cosmetic surgical procedures that produce gender-specific, masculine results on the TG. These secondary SRS range from a double mastectomy to a scrotoplasty to rhinoplasty. Like the MtF, secondary FtM SRS can be performed either before or after the primary SRS. These procedures, most of which are not reversible, also serve to accentuate the painful and expensive physical transition from one gender to another.

Biblical Analysis Of Gender Transition

The combination of media exposure, psychological reinforcement, modern medicine, and surgical skill has afforded the culture the ability and opportunity to physically alter the appearance of a human being’s biological birth gender. However, the process necessary to complete gender reassignment is long, painful, expensive, dangerous, and ultimately irreversible. This transformation process is currently being pursued and promoted by a growing number of young children, parents, and powerful TG advocates. Therefore, the church must be prepared to answer the question: Is biological gender a personal choice, or does God assign the gender of human beings at conception?

Gender Assignment In Genesis 1:27

In the biblical creation account, Scripture thrice employs the Hebrew verb נָּשָׁה (created) to emphasize that the Creator God was at work on the sixth day, deliberately fashioning the pinnacle of his creation with great precision and intention. Clark notes here that “man” or, “Adam” is the Hebrew word for human or human being. Moreover, it can be translated ... the human race. Scripture proceeds to emphasize the distinction between the male and female genders at creation by
implementing the substantive adjectives ἄνδρα (male) and γυνῆ (female) respectively. Matthews notes that the “Hebrew terms for ‘male’ and ‘female’ as opposed to man and woman, particularly express human sexuality.” As a result, this clause carries the inflected nuance that can be paraphrased as: “God created the human race in His image…. He created a male human being, and He created a female human being.” Strachan elaborates further on the intentionality of a divine gender distinction in the creation narrative by stating, “Our manhood or womanhood is not incidental; it has been given by God as a gift.” This intentionality of the Creator was captured by the writers of the LXX when they translated the Hebrew text of Genesis with the Greek nouns ἄρσον (male) and ἡρία (female). The distinction between biological genders is a reflection of the glory of God at creation. This biological gender distinction is maintained when God creates each subsequent life in the womb (Ps 139:13ff).

**Gender Non-Conformity In Deuteronomy 22:5 & 1 Corinthians 11:3–16**

Both the OT and NT maintain a clear distinction between the male and female birth genders by prohibiting human beings from altering their physical appearance to look like the opposite gender. Deuteronomy 22:5 forbids females to wear garments or don items that are culturally recognized as masculine, and likewise forbids males to dress in garments that are culturally recognized as feminine in order to clearly delineate between male and female. Block identifies the Deuteronomy 22:5 passage as “a prohibition against cross-dressing and transvestite practices” that functions to “ preserve the order built into creation.” Block proceeds to elaborate on this biblical injunction against gender non-conformity by stating, “For a person to wear anything associated with the opposite gender confuses one’s sexual identity and blurs established boundaries.” Critics argue that this biblical prohibition is solely directed at the cultic functions of ANE temple prostitutes. However, Davidson notes, “Although the cross-dressing of cult functionaries may have been the predominant background to this prohibition, the wording of the legislation goes beyond a cult setting to include any and all circumstances of men dressing like women and vice versa.” Merrill delineates the consequences of those who would act contrary to the Creator’s intention of gender distinction, stating, “Anyone who so blurs these divinely ordered distinctions is... ‘an abomination of the Lord,’ one who can expect most serious consequences for his deeds.” Davidson appeals to Kaiser when identifying the nuance of the gender-specific κεφαλή (abomination) transgression as “violations of the created order”:

Along with its connections to homosexuality and the fertility cults, this legislation also (and primarily) serves for the “maintenance of the sanctity of the sexes” in opposition to “the tendency to obliterate all sexual distinctions” which “often lends to licentiousness and promotes an unnaturalness opposed to God’s created order.”

In conclusion, the Deuteronomy 22:5 passage provides a clear prohibition against any blurring of male and female gender distinctions that are ordained at creation and assigned at birth.

Paul maintains the importance of distinguishing between biological male and biological female genders by appealing to the created order in 1 Corinthians 11:3–16. The interpretation of this section centers on Paul’s use of κεφαλὴ (head). Although Arndt, Danker, and Bauer limit the definition of κεφαλὴ to either a literal head or figurative authority, this restriction has been challenged by contemporary egalitarian scholarship to include source as a third alternative. Grudem makes a strong case for Paul’s use of κεφαλή as authority by drawing on both Scripture and the writings of Chrysostom. Thistleton summarizes the lexical argument surrounding κεφαλή by declaring, “In whatever way we choose to translate κεφαλή... Paul is setting up a complex and conscious dialectic between a gender distinctive creative order.”

Throughout the 1 Corinthians 11:3ff passage, Paul maintains the distinction between biological male and female genders by forbidding men to participate in public worship with head-coverings while simultaneously commanding women to wear head coverings. Paul’s injunction is reminiscent of Moses’ gender specific prohibition in Deuteronomy 22:5. With regards to Paul’s command against cross-dressing, Clark notes, Even if it is impossible to completely determine the full cultural context of Paul’s ruling, the context of the passage clearly indicates that Paul linked the practice of headcoverings with the order in men’s and women’s relationships … for Paul and the Corinthian Christians, the rule about headcovering expressed the roles of men and women.

In order to emphasize the sinfulness of the offense, Paul thrice describes any gender non-conforming behavior by Corinthian believers as shameful by twice utilizing the verb κατασχέει (dishonors) (1 Cor 11:4, 5) followed by the adjective ατάρεξ (disgraceful) (1 Cor 11:6). The result of gender non-conformity is behavior that shames both the creation and the Creator. Paul proceeds to instruct the Corinthians to maintain biological gender distinctions by twice appealing to the created order. First, Paul references the distinct biological roles of each gender (1 Cor 11:8–9) that are explained in detail in the creation narrative (Gen 2:18–24). Then Paul concludes his argument with a rhetorical question regarding φύσις αὐτὸς (nature itself) (1 Cor 11:14). Paul’s use of the pronoun αὐτὸς (itself) functions reflexively in order to emphasize φύσις (nature). Arndt, Danker and Bauer define φύσις as a “condition or circumstance as determined by birth, natural endowment/condition.” The nuance of Paul’s statement can be paraphrased as follows: “The natural biological features of men and women at birth demonstrate a distinction between the genders that is evident from creation, do they not?” In conclusion, Paul maintains a clear distinction between male and female genders based on biological gender assignment evident from creation and affirmed by Moses in the law. Therefore, it is the responsibility of each image-bearing human being to respond appropriately by
Gender Dysphoria In Romans 1:24–32

In this passage, Paul elaborates on the consequences of the human race’s rejection of the Creator God (Rom 1:20) and their subsequent mistreatment of both his image and his creation (Rom 1:24ff). Cranfield asserts that, by introducing this section with Διό (Therefore), Paul “indicates that what is related in this verse was God’s response to the perverseness of men just described ....”. Since men reject God, Paul proceeds to thrice employ the aorist active verb παρεδόουσιν (gave them up) (Rom 1:24, 26, 28) in order to indicate the comprehensive action of God in delivering the human race to destruction. Cranfield further notes, “The thrice repeated παρεδόουσιν αὐτῷ τοῖς θεοῖς is surely so emphatic as to suggest that a deliberate, positive act of God is meant.” However, Davidson affirms that “Rom 1:24–27 contains strong intertextual echoes with the Genesis creation accounts, in particular with Gen 1:26–30.” Here, the threefold repetitive action of God’s judgment provides an antithesis to the threefold mention of God’s creative act in Genesis 1:27.

Paul continues to allude to the Genesis creation narrative while pronouncing judgment on the human race throughout this section. Schreiner notes,

> Paul selected the unusual words θηλαζός (female) and ἀρσην (male) rather than γυνή (woman) and ἄνηρ (man) respectively. In doing so he drew on the creation account of Genesis, which uses the same words (Gen 1:27 LXX) .... These words emphasize the sexual distinctiveness of male and female.

Paul indicates that the judgment of God is evidenced among human beings whose actions are παρά φύσιν (against nature) (Rom 1:26). Schreiner affirms that Paul is again referring to sexual behavior that is “contrary to the created order.” Therefore Paul, once again, thrice denounces gender non-conforming behavior as dishonorable; first with the infinitive ἀτιμάζομαι (to the dishonoring) (Rom 1:24) followed by the synonymous nouns ἀτιμός (dishonorable) (Rom 1:26) and ἀσεβεῖς (shameless) (Rom 1:27) respectively. Paul’s pronouncement of judgment on behavior contrary to the created order is broad enough to encompass the entire LGBT spectrum. Cranfield further captures the nuance of παρά φύσιν by describing sexual behavior that is “contrary to the intention of the Creator.” The Creator’s intention for human sexuality is stated in Genesis 1:27–28 as a permanent, monogamous, heterosexual marriage relationship that is defined according to the biological gender of human beings at their creation. As a result, Paul concludes this section with a strong pronouncement of judgment upon both the one who participates in behavior contrary to the intention of the Creator and created order and the one who approves of behavior contrary to the intention of the Creator and the created order (Rom 1:32). Since God’s intention at creation was to maintain a distinction between biological male and female genders, Scripture reveals that any deviation from the created order is sin deserving of God’s judgment.

Gender Dysphoria, Eunuchs, And Redemption

Although eunuchs are listed infrequently in Scripture, their presence offers a unique perspective to contemporary TG issues. Kedar-Kpofstein explains,

> Eunuchs in the broad sense are men who are incapable of procreation as a result of a developmental defect or as a result of damage to the testicles from a surgical operation.... In the narrower sense, this refers to the voluntary castration of males, a phenomenon with cultural-historical as well as sociological implications.

Furthermore, Patterson asserts that the Hebrew term סיריס (eunuch) is applied to “castrated men in key positions in the various nations of the ancient near east.” This term is used to describe Jezebel’s attendants-turned-executioners (2 Kgs 9:32). Because the law excludes castrated males from participating in the religious activities of Israel, Patterson maintains that Jezebel introduced the custom into the Northern Kingdom of Israel, and subsequent kings perpetuated the practice. Deuteronomy 23:1 contains the direct prohibition against ancient sexual reassignment and eunuchs:

> ... No one whose testicles are crushed (אֲשֶׁר צָרָעְיוֹ צָרָעִים) or whose male organ is cut off (לֹא יְבַחְּרֵהוּ) shall enter the assembly of the LORD.

Block notes the close connection between castration and paganism in the ANE, describing the ancient orchietomy and penectomy procedure as follows:

> The male organs of procreation could have been mutilated either by crushing the testicles or surgically removing them .... The testicles of boys destined for “eunuchship” would be crushed shortly before they reached puberty.... Cutting off the penis involved more radical surgery than crushing of removing testicles, and seems to have been intended to change a person’s gender.

Kedar-Kpofstein concurs with Block, stating, “Emasculation as a religious act deserves mention, especially as practiced in certain religions in Asia Minor. Myths tell of gods who castrate themselves ... and some cults include eunuchs as priests.”

Kalland qualifies the act described in Deuteronomy 23:1: “Eunuchs excluded from the assembly were those deliberately made eunuchs either by crushing or surgically removing their private parts.” As a result, OT Scripture offers little hope for the eunuch to join the community of
… let not the eunuch say (σὺν υπέρτατον ἀρριθμὸν), “Behold, I am a dry tree.” For thus says the LORD: “To the eunuchs who keep my Sabbaths, who choose the things that please me and hold fast my covenant, I will give in my house and within my walls a monument and … a name better than sons and daughters (ἵππων τὸ αἴνιγμα τοῦ κοσμοῦ ἀλλάτικος); I will give them an everlasting name that shall not be cut off (τῷ ἐγερθέντι σῦ, ἀνακοίμητα, ἀνασκευαζόμενον, ἀνένεκον)’ (emphasis added)

In this passage, Isaiah looks forward to the eunuch who chooses to follow the Lord after being surgically altered and then regrets his physical condition. Grogan explains the metaphor, “A dry tree bears no fruit; a eunuch begets no children.” Yet God promises the redeemed eunuch something even better than the fruit of sons or daughters that would have been produced from natural sexual relations. Furthermore, the parallel use of תָּרָּכָי (cut off) in Isaiah 56:5 and in Deuteronomy 23:1 is striking. In a none-too-politically-correct manner, God assures the eunuch that, unlike his genitals, once he receives the name of the LORD, it will never be cut off from him. Although the Isaiah passage does not condone sexual reassignment, it does offer the hope of redemption to eunuchs and individuals who have undergone surgical sexual reassignment.

There are two NT occurrences of εὐνούχος, a Greek noun either transliterated as “eunuch” or defined as “castrated person.” The first occurs in the context of marriage and divorce. After using the creation narrative of Genesis to teach his disciples that a divorced individual who remarries commits adultery (Matt 19:9), Jesus responds to his disciples’ statement, “It is better not to marry” (Matt 19:10) by declaring in Matthew 19:12: For there are eunuchs (εὐνούχοι) who have been so from birth, and there are eunuchs (εὐνούχοι) who have been made eunuchs (εὐνούχοι) by men, and there are eunuchs (εὐνούχοι) who have made themselves eunuchs (εὐνούχοις) for the sake of the kingdom of heaven. Let the one who is able to receive this receive it.

In this passage, Christ is not identifying the last group of individuals as those who have sexually reassigned themselves in order to serve God. Instead, as BDAG notes regarding the final two verbal forms of the word, “The context requires the figurative interpretation for the second occurrence, and the literal for the first.” Therefore, Christ is instructing his disciples that there are three types of individuals for whom it is better not to marry: Individuals born with defective genitalia, individuals who have undergone physical alterations to their genitalia, and individuals like Jeremiah (Jer 16:2) and Paul (1 Cor 7:7) who choose celibacy in order to serve the Lord. The focus of Christ’s statement to his disciples is on the third group of individuals. These individuals neither alter their gender nor mutilate their bodies, but instead sacrifice marriage for service to Christ.

The second significant NT occurrence of εὐνούχος (eunuch) occurs in Acts 8:26ff. In this passage, Philip encounters an Ethiopian εὐνούχος returning from Jerusalem. Luke’s use of εὐνούχος (eunuch) in place of προσήλυτος (proselyte) lends support to the view that this individual had been physically altered as a youth in order to work closely with Queen Candace (Acts 8:27). MacArthur captures the plight of the eunuch when he states, He was likely an actual eunuch … since Luke uses both eunuch and court official to describe him. If that were true, he would have been denied access to the temple (Deut 23:1) and therefore been unable to participate fully in the Jewish worship services. Further, he would not have been allowed to become a full proselyte to Judaism. Many expositors, like Pohll, concur with MacArthur, identifying the eunuch as a castrated male official. The first significant feature of this passage is that Philip is commanded by the Holy Spirit to approach the eunuch (Acts 8:29). Next, Philip engages the eunuch in spiritual conversation (Acts 8:30). Then Philip accepts the eunuch’s invitation to sit with him and teach him the Scriptures (Acts 8:31–35). Finally, Philip baptizes the redeemed eunuch (Acts 8:36–39). Although nothing more is mentioned about the eunuch in Scripture, one can only imagine his rejoicing (Acts 8:39) as he continues reading Isaiah and reaches chapter 56. The glaring spiritual truth this passage reveals is that, just as Phillip ministered to the eunuch, Christians have a responsibility to share the gospel with TG individuals.

Redemption For The TG In 1 Corinthians 6:9–11

In 1 Corinthians 6:9–11 Paul affirms that individuals who participate in a LGBT lifestyle that is contrary to the intention of the Creator and created order can be redeemed. After listing a sampling of activities that would exclude an individual from the kingdom of God (1 Cor 6:9–10), Paul reminds the Corinthian believers καὶ τὰ τὰς πνευμάτως τέες (And such were some of you) (1 Cor 6:11). Robertson captures Paul’s emphasis with the phrase “And these things … were (some of you).” Paul’s use of the imperfect active verb εὐνοοῦσαν (were) carries three implications. First, some of the believers in Corinth formerly practiced or identified with behaviors contrary to the intention of the Creator. Second, Paul’s intended audience had ceased practicing these behaviors. Third, based on the Romans 1:24ff passage, the individuals who once engaged in these behaviors are deserving of condemnation. The 1 Corinthians 6:11 passage turns on this fulcrum point as Paul reminds the Corinthian believers who formerly behaved contrary to the intention of the Creator about the power of redemption in Jesus Christ. Rather than remaining in a hopeless state of judgment, Paul proceeds to thrice implement the strong adversative particle ἀλλά (but) (1 Cor 6:11). First, Paul uses ἀλλά to introduce the indirect middle ἀπελοκύνασαν (You were washed). Then Paul twice employs ἀλλά to introduce the passive verbs ἔγνωκεθησαν (You were sanctified) and ἔδικακοκεθήσατε (You were justified) respectively. By employing the indirect middle and passive voice, Paul emphasizes that the Corinthians did not alter their own standing with God, but rather they were washed … sanctified … justified … in the name of the Lord Jesus Christ. Therefore,
the Creator’s intention prior to experiencing redemption, they were saved by faith in Christ.

Sanctification Of The Redeemed TG In Romans 12:1–2

Paul teaches that the sanctification process of redeemed individuals involves both the σώματα (bodies) (Rom 12:1) and the νοῦς (mind) (Rom 12:2). Believers are commanded to have their minds renewed in order to accept God’s will for their bodies. Paul emphasizes this fact by contrasting the negated passive imperative συσχηματίζεσθε (do not be conformed) and the passive imperative μεταμορφοῦσθε (be transformed) with the strong adversative particle ἀλλὰ (but) (Rom 12:2). This formula is reminiscent of Paul’s contrast of the Corinthian behavior before and after salvation in 1 Corinthians 6:9–11. Furthermore, Paul’s use of συσχηματίζεσθε functions progressively carrying the force of “stop being fashioned.”

By utilizing the force of the passive voice, Paul commands his believing audience to cease allowing the influence of the αἰῶν (world) to conform an individual to the thinking process of the present age. Rather than be conformed to the thinking of the culture, Paul commands believers to μεταμορφοῦσθε. Regarding this command, Schreiner notes, Paul … is worried that their adaptation to this world will shape them in every dimension of their lives. It is instructive to note that he contrasts being conformed to “this age” … with “the renewal of the mind.” … This suggests that conformity to this age embraces thinking patterns that are alien to the renewal of the mind …. The reference to αἰῶν (age) is in accord with the Jewish view of the two ages; the present age is evil and the age to come is blessed…. Believers resist the pressures to conform to the present evil age by the renewal of their minds. The downward spiral of thinking traced in Rom 1:18–32 is reversed in those who are redeemed from sin.

The dramatic transformation process Paul describes begins by altering the thinking process of believers. Paul describes the result of altered thinking in the life of the redeemed individual as characterized by the ability δοκιμάζειν (to discern) the will of God (Rom 12:2). In order to emphasize the superiority of God’s will over the thinking of the world, Paul implements the three positive adjectives of ἀρεστόν (acceptable), καὶ τέλειον (perfect) (Rom 12:2). Furthermore, Cranfield notes, “That discernment of the will of God will be followed by obedient acceptance of it.” In conclusion, the Romans 12 passage teaches that the sanctification process of believers involves rejecting the teaching of the culture and instead accepting the will of God regarding the Creator’s intention for the biological bodies of believers.

Sanctification And 1 Corinthians 7:17–24

Paul’s instructions regarding the practice of circumcision after redemption also provides the church with valuable principles that can be applied to the redeemed TG’s condition. Paul begins 1 Corinthians 7:17 with Εἰ μὴ, which is translated variously as “But” (NKJV) “Only” (ESV, NAS), and “Nevertheless” (NIV) and even omitted (NLT). The interpretative nuance of the passage is altered depending on whether or not Εἰ μὴ carries the force of “Nevertheless” or “Unless/except that.” Robertson identifies Εἰ μὴ as an, “Elliptical condition … except that,” arguing that it both looks back on marriage and forward on circumcision, thereby restricting the application of license and liberty to these two areas of the life of a believer. Mare rightly disagrees with Robertson, stating, “It is best to translate … as ‘but/nevertheless,’ meaning that Paul is expanding his thought of

the Christian’s call to other areas besides that of marital status.” Paul states in 1 Corinthians 7:17–18,

Only let each person lead the life that the Lord has assigned to him, and to which God has called him. This is my rule in all the churches. Was anyone at the time of his call already circumcised? Let him not seek to remove the marks of circumcision (περιτεμπήμονος τὴς ἐκκλησίας, μὴ ἐπισπάσθω). Was anyone at the time of his call uncircumcised? Let him not seek circumcision.

Here Paul addresses the issue of circumcision by contrasting the passive voice of the first two verbs with the middle voice of the imperative. Paul states that, if the removal of foreskin preceded an individual’s call to Christ, then the individual is to remain in their current foreskin-less state (1 Cor 7:19). The same admonition is given to the one who is not circumcised; he is to remain uncircumcised. The principle of the passage that can be applied to the circumcised and the TG alike is that the condition of the genitals does not prohibit the sanctification process of the individual.

Application Of A Biblical Conclusion To A Moral Crisis

A survey of Scripture reveals that God ordained gender distinctions at creation. Nature bears witness to the intention of the Creator with the biological gender assignment of each human being. Since fallen human beings have rejected God, they will struggle to accept his will for the created order, including the gender differences God established at creation and maintained at conception. As a result, some individual human beings will experience a crisis of gender non-conformity. This crisis will be compounded by various philosophies in the culture, including direct media contact. These deceptions will seek to conform the individual’s thinking process to the world. Therefore, when a

conformed human being’s mind and body gender appears to conflict, rather than altering the human mind to accept the will of the Creator, the TG will desire to alter the human body in opposition to the Creator’s will. This act of defiance against the will of God is worthy of judgment. However, God offers hope to all human beings, including TG human beings, who can be redeemed through faith in the Lord Jesus Christ. The
church must be prepared to participate in the compassionate ministry of evangelism and discipleship in order to aid TGS in accepting the will of God for their lives (Rom 10:14). This will be a complicated process that will require the careful application of Scripture to a variety of situations that involve the relationship of the church to the TG before and after redemption.

How Should The Church Respond To Gender Non-Conformists From Within?

Now concerning gender non-conformity from within, the church must prepare a fourfold action plan in order to minister to the anticipated increase in the number of gender non-conformists and individuals with GD in the near future. Children of redeemed parents whose minds have been influenced by direct TG media contact are of particular concern. Ideally the church will intervene early in phase one of the gender transitioning process, thereby averting the lasting consequences incurred by the TG in phases two and three. First, due to the fact that the TG movement has identified direct media contact as a primary means of recruitment, redeemed parents must be instructed by the church to guard their children against the intentionally deceptive philosophy of the world as portrayed in the media (Col 2:8). It is critical for the church to prevent cultural conformity through media-induced pre-awarement and awakening identity events. Second, the church must teach and model sound doctrine that includes a biblical understanding of masculine and feminine roles that are established at creation and defined by biological birth. Third, the church must neither dismiss nor ignore the TG issue in the culture at large. Instead, the church should challenge the positive portrayal of TG role models that will influence its members. The church must accomplish this without resorting to insults or calling for violence. And finally, the church must provide counseling and support for individuals struggling with gender non-conformity. This support should intentionally and lovingly counsel the individual to accept the will of God concerning biological gender assignment.

How Should The Church Respond To Gender Non-Conformists From Without?

Now concerning the church’s relationship to the TG in the culture, the church must be ever mindful that the person with TG issues is the mission field, not the enemy (Eph 6:12). Regardless of the phase of transition, the individual with GD is still an image bearer of God capable of experiencing redemption in Christ. The washing, sanctification, and redemption of the TG must be the ultimate goal of the church as it relates to the entire LGBT community, including the TG (1 Cor 5:9–10). Depending on the age and current phase of transition at the time of contact, the church must also take into consideration the severe physical, emotional, spiritual, sexual, and financial trauma that the TG has suffered. In order to reach the TG with the gospel, the church must respond with the compassion of Christ.

How Can The Church Respond With Compassion To TG Visitors Or Seekers?

Now concerning the community of faith’s response to TG visitors or seekers, the church must adopt the attitude of Philip when he encountered the Ethiopian eunuch in Acts 8. Therefore, the church must be prepared to follow the leading of the Holy Spirit and engage the TG in evangelistic conversation. The church must also be willing to invest the time and compassion necessary to teach Scriptural truths to wounded individuals. In the process of developing a redemption-orientated relationship with the TG, the church must be mindful of four important factors. First, according to Zucker, the TG is a human being who has suffered both willingly and unwillingly at the hands of others in the culture. Second, according to Ringo, the TG has been thoroughly indoctrinated by the philosophy of the culture. Third, according Genesis 1:27, the TG still bears the image of the Creator, albeit marred. And finally, according to Paul in 1 Corinthians 6:9–11, every TG is capable of experiencing redemption in Christ. Furthermore, the church must be sensitive to the fact that each TG is in a constant state of gender transition, and no two TGs are alike in their transitioning process. As a result, the church must be mindful of the fact that individuals who identify as GD or TG may not have progressed through all three phases of gender transition. In order to help the individual experience redemption in Christ, the church must learn to avert its focus from the condition of the TG’s genitals to the condition of the TG’s soul.

How Should The Church Refer To The TG By Name And Gender?

Now concerning the touchy subject of the public identification of the visiting TG, the church should initially be careful to honor the TG’s chosen name and thereby avoid dead-naming the individual. The church can otherwise refer to the TG with gender neutrality, gentleness, and respect (1 Pet 3:15). The implementation of gender neutrality should continue until the individual indicates that he or she is ready to begin the social transition back to biological gender and birth name. The church must be mindful of the fact that the salvation of the TG begins with the gospel of Christ. The process of sanctification always follows redemption. Therefore, the church must be careful not to confuse the order of these two events, lest, in the process of winning a temporary argument, a soul will be forever lost. The ultimate goal for the church is to see redeemed TGS accept both Christ’s name and their birth names. It is unlikely that this goal will be immediately realized.

Once redeemed, the TG can begin the process of sanctification. This process must include a healthy understanding of biblical gender distinctions that will aid the TG in accepting the will of God and transitioning back to the biological/birth gender (Rom 12:1–2). Considering that God created human beings male and female and considering that God forms each human being in the womb, the TG must be taught by the church to accept and appreciate the fact that biological gender is a gift from God. Furthermore, just as the TG began the MtF or FtM process with a social transition, the redeemed TG needs to be directed to begin the sanctification process back to the biological gender with social transition. Considering the length of time invested in the gender transitioning process, this re-transitioning process will require patient
endurance from mature believers. Any degree of the TG’s transition toward accepting the true biological gender should be treated as a celebrated event rather than an “outing.” Regardless of the spiritual condition of the TG, he or she should not be forced, coerced, or otherwise manipulated into yet another social transition.

**Which Restroom Should The Church Require The Visiting Or Redeemed TG To Use?**

Now concerning the TG’s use of church restroom facilities, the church finds itself in yet another quandary. Ideally, the church will have an individual or “family” restroom available that can be designated for the TG’s use. Churches planning new construction or future additions would be wise to consider the benefits of this feature. However, if this situation does not exist, when the church becomes aware of the TG’s presence, the church should gently and discreetly require the TG to use the restroom of the biological/birth gender for the protection of both the TG and the members of the church. As a private religious organization, the church can exercise such rights within the culture with minor possibility of legal repercussions. Therefore, like Paul in Philippi (Acts 16:37ff) or Jerusalem (Acts 22:25ff), the church can require the TG to respect their decision. However, the church must appreciate the fact that this is a sensitive issue and must instruct its members to conduct themselves with grace and without being rude or obnoxious toward the visiting or redeemed TG. Church leadership should guide and even assist the visiting TG without drawing unnecessary attention to the situation. Furthermore, the redeemed TG and the church should come to a mutual understanding regarding facility use early in the sanctification process.

**Should The Church Allow The Redeemed TG To Serve In Leadership?**

Now concerning the potential for church leadership, the exact role of church leadership and qualification or disqualification for the position will depend on the spiritual maturity of the individual or “family” restroom available that can be designated for the TG’s use. Churches planning new construction or future additions would be wise to consider the benefits of this feature. However, if this situation does not exist, when the church becomes aware of the TG’s presence, the church should gently and discreetly require the TG to use the restroom of the biological/birth gender for the protection of both the TG and the members of the church. As a private religious organization, the church can exercise such rights within the culture with minor possibility of legal repercussions. Therefore, like Paul in Philippi (Acts 16:37ff) or Jerusalem (Acts 22:25ff), the church can require the TG to respect their decision. However, the church must appreciate the fact that this is a sensitive issue and must instruct its members to conduct themselves with grace and without being rude or obnoxious toward the visiting or redeemed TG. Church leadership should guide and even assist the visiting TG without drawing unnecessary attention to the situation. Furthermore, the redeemed TG and the church should come to a mutual understanding regarding facility use early in the sanctification process.

**Should The Church Allow The Redeemed TG To Observe The Ordinances?**

Now concerning the ordinances, Philip permitted the redeemed Ethiopian eunuch to be baptized based on his faith in Christ (Acts 8:38). Furthermore, when Paul gives instructions regarding the observance of the Lord’s Supper to the Corinthian church in 1 Corinthians 11:17ff, he makes no distinction for the groups listed in 1 Corinthians 6:9–10; nor does he make any distinction for the groups of married, divorced, widowed, circumcised, or uncircumcised listed in 1 Corinthians 7:1ff. Therefore, the church should permit the TG to participate in both ordinances of baptism and the Lord’s Supper as part of the sanctification process that occurs after redemption. These ordinances are a crucial part of the individual’s new identity in Christ and new relationship to the church. The individual does not need to fully transition back to the biological gender in order to observe either ordinance. For TGs redeemed in phase three of transition, full re-transition may never be possible. However, the redeemed TG must begin the sanctification process prior to observing the ordinances and, like all other church members, the TG must be cautioned regarding the misconduct of believers when observing the ordinances according to 1 Corinthians 11:27ff. The church must be mindful of the fact that, like gender transition, sanctification is a process.

**Should The Redeemed TG Be Permitted To Join The Church?**

Now concerning church membership, when Paul addresses the Corinthians, he considers them all to be a part of the church, regardless of their past behaviors (1 Cor 1:2; 6:9–11). As a result, Isaiah 56:3ff and 1 Corinthians 7:17ff do allow for redeemed TGs to enter church membership based on their spiritual condition. Other arguments from logic can support this decision. For example, if a heterosexual male were to commit an act of adultery resulting in a subsequent divorce, then that man will carry the consequences of his actions with him for the rest of his life. And even if that man were to be redeemed after the fact, his condition may not be reversible, especially if his wife has remarried in the interim. Just as a permanently altered marital status should not preclude a redeemed heterosexual male from church membership, a permanently altered physical status should not preclude a redeemed TG from church membership. However, should the TG revert back to their sinful, gender non-conforming practices after being redeemed and joining the church, the church should discipline the individual according to the principles outlined in Matthew 18:15ff and 1 Corinthians 5:1ff.

**Should The Church Allow The Redeemed TG To Serve In Leadership?**

Now concerning the potential for church leadership, the exact role of church leadership and qualification or disqualification for the position will depend on the spiritual maturity of the individual and phase of transition when that individual was redeemed. If the individual is redeemed during phase one or phase two of gender transition and, over time, meets the qualifications listed 1 Timothy 3:1ff, then the redeemed individual may be considered as a candidate for leadership. However, if the individual is redeemed after SRS of phase three, unfortunately, he or she would be disqualified from most church leadership offices (1 Cor 9:24–27). This is a matter of sin and consequences. Logically, a heroin addict who has contracted HIV through his use of contaminated needles and then comes to Christ after years of substance abuse will still test HIV–positive after redemption. Both the TG individual and the heroin addict will suffer the consequences of their actions in this life, but they will also experience the eternal hope of resurrection and glorification based on their faith in Christ (Gal 6:7–9). All redeemed TGs must have an opportunity to serve in some capacity and thereby utilize their spiritual gifts. The church must be prepared to use discernment in these matters.

**Should The Church Permit The Redeemed TG To Marry?**

Now concerning the prospect of marriage and the redeemed TG, the answer will vary based on the phase of gender transition at the time of the individual’s calling. If the TG is redeemed during phase one or phase two of gender transition and fully transitions back to the biological gender, then there is no biblical basis that forbids the individual from marriage. Now concerning the TG who was redeemed after SRS, 1
Corinthians 7:18 instructs the individual to remain in the state in which he or she was called. Furthermore, Christ’s teaching in Matthew 19:12 disqualifies a eunuch made by man from marriage. Instead, the TG individual should hold to the promise of Isaiah 56:3–5. In Christ, these individuals will be given an inheritance that is even greater than marriage and children.

Should The Church Require The Redeemed TG To Reverse The Surgical Procedure?

Now concerning reversal of gender transition for the redeemed TG, it must be emphasized that acceptance of one’s biological gender and subsequent transition back to the gender of birth must be considered an integral part of the individual’s sanctification process. However, for the TG who is redeemed after the SRS of phase three, this full re-transition is no longer a possibility. Although some top surgeries can be performed on the individual, most cosmetic attempts would only serve to further harm an already mutilated body. Therefore, the church should neither require nor prohibit the complete reversal procedure for redeemed individuals who have undergone SRS (1 Cor 7:17ff).

As the church instructs the redeemed TG to accept the biological/birth gender as part of the sanctification process, the church must guide the TG through social and chemical re-transition. In the process, the church must be mindful of the fact that MtF and FtM gender transition occurs in three phases: social, chemical, and surgical. Although only a limited number of MtF and FtM surgical reversal procedures have been documented, they are far more dangerous and far less successful than the initial SRS. The risk, pain, and cost are all factors that must be considered prior to undergoing a surgery that will ultimately leave the TG individual in a mutilated and sterile condition.

However, if an individual is insistent upon pursuing the reversal of the SRS procedures, the church should not forbid this for conscience’s sake (1 Tim 1:5).

The church’s ultimate goal should be to help the redeemed individuals grow in their faith in order to reach the point where they refer to themselves as their birth gender. However, the church must understand that this process will likely take copious amounts of time, patience, and love. Even though corrective surgical procedures should not be required for membership, the TG individual can still undergo social and chemical transition back to the biological gender. And, although the TG individual may permanently lack functioning male or female genitalia, he or she can be encouraged to dress, behave, and embrace the biological gender (Rom 12:1–2). Cessation of hormone therapy will likely cause biological traits to begin to reappear, even in adults. Throughout this process, the church, and especially church leadership, must be very sensitive to TG individuals as they are transformed by Christ.

Conclusion

In February of 2015, a California Congressman posted a picture of his TG grandchild on the Internet. Beneath this picture, the Congressman expressed his desire for his grandchild’s safety and growth. Unfortunately, if the culture has its way with this young, impressionable human being, the child’s body and mind will be tortured and mutilated beyond recognition in the years to come. The only hope for this child, and all others like him, has been entrusted to the church by the one who was tortured for our transgressions and mutilated for our iniquities. As complicated and confusing as the TG issue is for the church to address, the members of body of Christ must bear in mind that all people, like sheep, have gone astray. And such were some of us. But we, too,

have experienced a redemption we did not deserve. And we were washed and transformed into a new creation in Christ Jesus. May this redemption be a reality one day for every gender non-conformist.

1Kate Snow, “Malisa’s Story: What It Means to Be a Trans-gendered child,” NBCNews.com <http://www.nbcnews.com/storyline/transgender-kids/transgender-8-year-old-makes-grandpa-congressman-mike-honda-proud-n345731> (accessed 15 July 2015). Malisa’s story was selected to represent a growing ethical issue in the culture after it aired on national television. Malisa’s last name was deliberately omitted from this text.


3B. Udeze, N. Abdelmawla., D. Khoosal, and T. Terry, “Psychological Functions in Male-to-Female Transsexual People Before and After Surgery,” Sexual and Relationship Therapy 23, no. 2 (May 2008): 141. Udeze et al. state, “The term transsexuality is defined by the International Classification of Diseases (ICD-10) as a desire to live as the opposite sex (WHO, 1992). The terms “gender dysphoria” and “transsexualism” are often used inter-changeably” (p. 141). For the purpose of this paper, the condition will be respectfully referred to as GD and the individual as a transgender or TG. Popular culture frowns on adding an –ed suffix to describe a TG.

4Katya Steinmetz, “The Transgender Tipping Point,” Time.com <http://time.com/135480/transgender-tipping-point/> (accessed 15 July 2015). Steinmetz notes the ongoing debate over terminology from within the TG community. Some TG advocates believe that the change from GID to GD “has helped remove the stigma of mental illness … though some worry that removing ‘disorder’ may make it harder to access health care like hormone therapy.”

5Lolita Baldor, “Pentagon Announces Plan Aimed at Lifting Transgender Ban,” AOL.com <http://www.aol.com/article/2015/07/13/pentagon-reading-plan-to-lift-transgender-ban/21208734/?icid=maing-grid7%Chtmlws-main-bb%7Cd6%7Csec1_Ink%26pLid%3D-1010312533> (accessed 15 July 2015). In her article, Baldor notes that “convicted national security leaker Chelsea Manning” has been granted his request “for hormone therapy and other treatment while … in prison … under pressure from a lawsuit.” Both the American and Canadian governments have already provided the funds to cover GD treatments.


Steinmetz, “Transgender Tipping Point.” Steinmetz later notes, “A staggering 41% (of individuals with GD) have attempted suicide, compared with 1.6% of the general population.”

Udeze et al., “Psychological Functions,” 141.


Hartocollis, “New Girl.” Hartocollis notes that while different states vary, patients as young as fifteen in Oregon do not need parental consent.


Hartocollis, “New Girl.”

Ibid.


Hartocollis, “New Girl.” Hartocollis chronicles the surgical transition of Katherine Boone from biological male to TG female. In a post-surgical interview, Katherine states, “I identify as a lesbian.” This scenario of confused sexual identity and expression is also true for GD biological females who transition to TG males in order to identify as gay men. The relationship between sexual expression and gender identity is extremely complicated and varied.


George, “Body Swap,” 41-43. MiF is the term utilized within the TG community to designate biological males who have transitioned to TG females. FiM is the term implemented within the TG community to identify biological females who have transitioned to TG males.

Hartocollis, “New Girl.”

Beth Schwartzapfel, “Born This Way?” American Prospect 24, no. 2 (March/April 2013): 3.


Steinmetz, “Transgender Tipping Point.”

Hartocollis, “New Girl.”


These examples of organizations, advocacy groups, and support networks for GD and TG individuals are not nearly exhaustive. They are intended to be a representative sampling of the vast number of resources available online.


Peter Ringo, “Media Roles in Female-to-Male Transsexual and Transgender Identity Formation,” International Journal of Transgenderism 6, no. 3 (2012): 1. Ringo attempts to distinguish between the media’s ability to encourage the expression of alternate gender identity that is innate in the individual and the media’s ability to create a gender identity crisis. However, Ringo offers no data other than a testimonial of innate “transness” in the individuals surveyed.
Ibid.

Ibid. Ringo's use of the masculine pronoun is intentional. All of Ringo's subjects were FTM TGs.

Ibid.

Ibid.

Schwartzapfel, “Born This Way,” 3.

Mary Sobralske, “Primary Care Needs of Patients Who Have Undergone Gender Reassignment,” Journal of the American Academy of Nurse Practitioners 17, no. 4 (April 2005): 133. Sobralske notes that current estimates suggest that less than 1% of the population suffers from GID.

Schwartzapfel, “Born This Way,” 1. These comments are offered in response to Dr. Zucker, who counseled Maggie to alter her thinking about her gender rather than altering her body. Schwartzapfel chronicles the angst toward Dr. Zucker from the TG community.


Ahmad et al., “Gender Dysphoria,” 173-75.

James Poniewozik, “Review: An Extraordinary, Ordinary Girlhood.” Jazz is quoted in the book, I Am Jazz, as saying, “I have a girl brain but a boy body. This is called transgender. I was born this way!”

Ahmad et al., “Gender Dysphoria,” 174. Ahmad et al. issue the following warning to health care providers: “Of all the things that could offend a trans person or lead them to feel misunderstood, excluded and distrustful, mistakes involving forms of gender-related speech are perhaps the most upsetting.”

Nuttbrock et al., “Gender Identity Affirmation,” 108-111.

Tebbe et al., “Genderism and Transphobia Scale,” 582-83. This social resistance has been labeled “transphobia,” or more recently “anti-trans prejudice” by TG advocates.

Ahmad et al., “Gender Dysphoria,” 180-81. Ahmad et al. note, “Social gender role transition is usually considered to have started from the point that the individual makes an official name change.”


Ibid.


George, “Body Swap,” 42. George explains that the brain releases gonadotrophin-releasing hormone (GnRH) at the onset of puberty. Dutch scientists have pioneered GnRH blockers to postpone the onset of puberty.

Linda Geddes, “Puberty Blockers Recommended for Transsexual Teens,” New Scientist, December 2008, 8-9. The lack of study is due to the fact that these hormone blockers have been available only for the past 10-15 years. Puberty blockers were first administered in the Netherlands in the late 1990s. As a result, no long-term data exists on their side effects. Geddes estimates the cost of puberty blockers at $800/month, while Geore estimates closer to $1000/month. Smaller doses of GnRH blockers can be administered orally, while larger doses need to be injected.

Sobralske, “Primary Care Needs,” 135.


Hartocollis, “New Girl.”


Ahmad et al., “Gender Dysphoria,” 182.

Bethany Gibson and Anita Catlin, “Care of the Child with the Desire to Change Genders—Part III: Male-to-Female Transition,” Urologic

Ibid.


Ibid. Removal of the penis.

Ibid, 40.

Ibid. The procedure is termed “neovaginoplasty.”

Ahmad et al. note that MtF is the most common transition (“Gender Dysphoria,” 173).

Gibson and Catlin, “Care of the Child—Part III,” 233-35. The regular insertion of a prosthetic device into the neo-vagina is required in order to keep the wound open. This is part of the life-long post-surgical care required for the MtF TG. FtM TGs face similar post-SRS obstacles, including the potential for gangrene on the neo-phallus.


Ibid., 42. Removal of the uterus. This is generally accompanied by a salpingo-oophorectomy, or removal of the fallopian tubes and ovaries.


Ibid. A small neo-phallus is fashioned out of the clitoris and surrounding tissue. A metoidoplasty is incapable of erection, even with the aid of prosthetic erectile devices.

Kline, “Gender Reassignment Surgery,” 40. The construction of a larger, artificial phallus. A phalloplasty results in a neo–phallus that has the potential for erection with the aid of prosthetic erectile devices.

Gibson, “Care of the Child—Part II,” 234.

Ibid., 231. Surgical creation of testicles. Although technically “bottom” surgery, I have elected to include it as a secondary SRS due to the fact that it serves a purely aesthetic function for the FtM TG.

Ibid., 235. Facial reconstructive surgery particularly pertaining to the nose.

All citations from the English Bible, unless otherwise noted, are taken from the ESV.

Ross notes, “This verb … is used in Scripture exclusively for the activity of God” (*Creation & Blessing*, [Grand Rapids: Baker, 1998], 105-6).


Translation mine.


Ibid.


Translation mine.


BDAG, 1069.

Translation mine.

101Ibid.
102Davidson, *Flame of Yahweh*, 637.
104ibid., 96.
105Cranfield, *Commentary on Romans*, 125.
108ibid.
109Block, *Deuteronomy*, 534-35.
113BDAG, 409.
114ibid.
120ibid. Thiselton identifies this as a "middle of personal interest" (First Epistle, 453).
122Schreiner, *Romans*, 647.
123ibid., 648.
124Cranfield, *Commentary on Romans*, 2:609.
125Robertson, *Word Pictures*, vol. 4:139.
129Sobralske, "Primary Care Needs," 134. The initial MtF and FtM procedures are considered irreversible. However, Dr. Paul McHugh, former psychiatrist-in-chief at Johns Hopkins Hospital writes a fascinating article that documents (and laments) the lives of surgically altered boys born with cloacal extrophy, a birth defect that severely affects the penis and bladder. The majority of these surgically altered boys attempted to reverse the procedure that was forced upon them by their parents at birth when they reached adulthood (p. 136).
130ibid., 135. Sobralske estimates the cost of a sexual reassignment surgery in 2005 to be $10,000–$150,000 range. The cost of reversing the procedure is unknown. Furthermore, there is no sure phalloplasty technique; and erection, sexual activity, or even urination is impossible.