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GENDER
IDENTITY
& FAITH

Clinical Postures, Tools, and Case Studies
for Client-Centered Care



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1

RELIGIOUS IDENTITY AND GENDER IDENTITY IN THERAPY

Michael and Micaela are a married couple in their late thirties. They have a five-year-old child, Xavier, whose gender-atypical mannerisms and interests they describe as “different.” They are Christians and concerned about the best way to respond to and support Xavier.

Dani is a twenty-one-year-old natal female who reports distress associated with her gender incongruence. She is asking for help navigating gender-identity concerns in light of her spiritual beliefs. She has been isolating from her church friends, who all volunteer at the youth group there, for fear of what they would think if they knew about her difficulties.

RJ is a fifty-five-year-old natal male who has been married for thirty years. He and his wife, Kathy, identify as Christians. RJ reports he has been wrestling with his gender identity throughout their marriage and before they were married, and now that their children are out of the house, he reports a pressing desire to transition to female.

Evie is a twenty-nine-year-old single mother of two. Her youngest, Chris, is ten years old. Chris has made a social transition at home and at the local elementary school. Evie has called the church office to inform the church that Chris will present as a girl in the fall and that she wants Chris to be able to participate in children’s ministry accordingly.

Karen and Henry are a newly married couple in their late twenties. Henry has struggled with gender dysphoria since childhood, but the intensity of the dysphoria has ebbed and flowed, reaching its peak two years into their three-year marriage. The couple are high school sweethearts and the best of friends, but they

are wrestling with the future of their marriage, given how distressing Henry's dysphoria has become and how much he longs for hormonal treatment. They believe marriage is a covenant, which makes it difficult to know where to go from here in light of their faith.

Matt and Lisa have four children, and their youngest, Jonah, just turned eight years old. They have noticed that Jonah frequently wears his older sister's dress clothes and asks Lisa when his hair will be long like hers. Jonah sometimes wakes up at night crying, saying, "I prayed that God would make me a girl, and he won't listen to me."

This book is addressed to mental health professionals with questions about providing services to conventionally religious clients whose gender identity does not correspond to their natal sex nor their gender assumed at birth. You may be reading it because, like many health care professionals, you have experienced a recent increase in referrals of such cases. The six cases with which we have opened this chapter reflect just a few of the many diverse gender presentations we have seen in our practices.

This book is not written to Christian counselors specifically; rather, it is intended for a broader audience of mental health professionals, including Christians, who find themselves working with individuals, couples, and families who are conventionally religious and whose religious faith is an important consideration in navigating gender-identity questions.

A book like this is important because the clinical and broader societal landscapes have become incredibly polarized around the very existence of transgender and other diverse gender identities. Disputes abound over the best way to care for people navigating gender identity and—in the case of this book—the intersection of gender identity and religious identity.

In this chapter we want to offer a snapshot of not only the kinds of cases we see in practice but also the current trends and controversies in care, as well as the general parameters of our approach. Note that several things distinguish our approach from existing approaches, including that (a) we do not focus on changing gender identity, and (b) we do offer concrete and specific strategies for exploring conflicts of gender identity and religious identity.

Our specialty is helping individuals, couples, and families who take their religious faith seriously, who take the questions they have about their gender

identity seriously, and who take the relationship between their religious identity and gender identity seriously.

Of course, not everyone who comes to our offices asking for help is navigating gender identity and faith. Here are some of the other clients we have seen for a range of concerns:

- Shannon is a male-to-female transgender person who is asking for treatment for panic attacks that keep her from performing at her job.
- CJ is a natal male who is planning to transition in the next year. The decision has been made and is not up for discussion. CJ is asking for help crafting a letter to communicate this decision to adult children.
- Kris is a nineteen-year-old natal female who describes themselves as gender nonbinary and prefers they/them pronouns. Kris is requesting help with improving family relationships with their family, none of whom identifies as religious.
- Artie is an eighteen-year-old who just graduated high school and expresses interest in a social transition to female. Artie does not identify as religious and elects not to have religion be a part of the clinical services provided.

Some of our clients come to us simply asking for help addressing symptoms of depression, anxiety, or any number of other challenges. In these cases, the fact that the client is transgender is an important demographic variable, an individual characteristic, but gender identity is not directly significant to why the person is seeking clinical services. Other clients experience symptoms of depression or anxiety stemming from other people's responses to their gender-identity questions, including experiences of discrimination, micro-aggressions, family conflicts, or peer rejection. In other words, these clients may not themselves experience a conflict between their gender identity and faith, but they are navigating relationships that are important to them, and some of these relationships may have been strained due to the client's exploration of gender identity. We will touch on these kinds of relationships in this book, but they are secondary to our primary focus, which is to help individuals navigate religious-identity and gender-identity questions when such questions present tensions for them.

FOCUS OF THIS RESOURCE

The purpose of this book is to serve as a resource specifically to *clinicians who work with conventionally religious clients and families for whom religious dimensions appear to be in conflict with their gender-identity questions*. That is, the client (or, in some cases, the family) is navigating gender identity and faith identity and is asking for assistance in making sense of the relationship between these two salient aspects of experience. As we noted above, a secondary emphasis in this book is helping clients navigate relationships strained by differences in beliefs and values about gender identity and faith.

We have come to understand the great difficulties that can arise for those who pursue therapy to resolve such conflicts. Many individuals have come to us after pursuing therapy with other providers, having found these providers' techniques to be irrelevant or outright damaging. In some cases, a therapist has underappreciated the significance of the client's beliefs and values, encouraging them to leave behind their religious or spiritual convictions and questions in order to become a healthy and whole person. In other cases, a therapist has encouraged stereotypical gender roles in a way that increased feelings of shame and ultimately heightened the conflict the client felt. Still others have avoided therapists altogether, for fear that being known with regard to their gender identity would put them in so great a conflict with their sense of self, their faith community, or God that they cannot see a way forward.

THREE MEANING-MAKING STRUCTURES

Yarhouse's previous work (2015) introduced the idea that there are at least three meaning-making structures or explanatory frameworks that represent different ways people understand diverse gender identities. These frameworks function as lenses through which people see the topic of gender identity today. The three lenses are the *integrity* lens, the *disability* lens, and the *diversity* lens. These lenses can represent unique conflicts that may arise between religious identity and gender identity and have been helpful points of reference in consultations and counseling.

In our work with conventionally religious families, the *integrity* (or *sacred*) lens has been the primary lens through which at least some family members understand sex and gender. This lens is based on widely held, traditional understandings of male/female difference that reflect sex and gender norms.

The lens perceives certain inherent differences between how males and females ought to behave, what one theologian (Gagnon, 2007) refers to as an “essential maleness” and an “essential femaleness.” To violate these categories of essence is, according to the integrity lens, to violate the ethics of gender.

The *disability* (or *departure*) lens views gender-atypical behavior as a departure from the norm. When a person experiences incongruence between their natal sex and gender identity—where the vast majority of people experience congruence—that person’s incongruence represents a difference or variation from what is expected. Many people who adopt the disability lens believe this difference indicates that something is not functioning as it should. This lens does not imbue the lack of congruence with moral significance in the way that the integrity, or sacred, lens does. However, it still implies concern over the lack of congruence. This concern tends to manifest in empathy for the experience of incongruence, rather than seeing it as an ethical violation in need of correction.

The *diversity* lens is the lens depicted in most popular entertainment, media, and so on; it is the lens toward which much of Western culture is rapidly moving. This lens views gender incongruence not as a concern to be corrected (integrity) or as a condition to sympathize with (disability) but as a difference in experience that reflects a different kind of person. The diversity lens calls for more celebration of the variation among gender experiences and expressions. Some of the most vocal advocates of the diversity lens call for the deconstruction of sex and gender norms because these norms are sometimes considered oppressive.

We will talk in subsequent chapters about how best to think about and discuss these lenses when providing consultations or ongoing counseling services to individuals and families navigating gender identity. You can also discuss with clients ways in which they might draw on the strengths they see in different lenses to support an integrated lens of some kind. For now, we simply want you to be familiar with the lenses and begin to think through how each lens reflects different points of tension for people navigating gender identity and religious identity.

Regardless of people’s past experiences of therapy, it is integral to appreciate the power of a safe therapeutic relationship for those navigating gender-identity concerns. They are at a particular intersection of conflict, where

beliefs—whether their own or their family’s—and lived experiences present a unique challenge to overcome. Integrating personhood and values is no easy feat, especially in our current cultural landscape. Those navigating this intersection are often misunderstood both by people who do not identify with a faith tradition and by people within their faith communities. They are in need of clinicians who can journey with them without a fixed outcome. Our hope is that this book can aid that process.

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