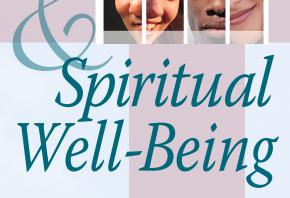
Transgender Health



Counseling Christians With Gender Identity Issues

ne Closet

by R K Klein Light in the Closet Ministry

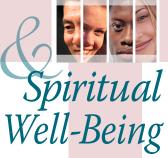
What is Transgender? 2	
Gender Identity Disorder (GID)	
Mental and Medical Health for the Transgender Individual	
But I've never heard of this before! 7	
Isn't this best kept a secret?9	
Challenging the Polarized Gender Model 10	
Counseling Guidelines and Helps11	
RESOURCE SECTION How Many Identify as Transgender in the U.S.?	
Transgender Education and Support15	
Light in the Closet Article Lists Questions and Biblical Answers17	

Reference and Glossary...... 20

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igi in the Closet CHRISTIAN MINISTRY

Transgender Health



This publication is designed as a reference and help for the pastor or caregiver who is faced with the issue of gender identity during the counseling process.

The information and guidelines offered are not a replacement for professional, medical or psychological care. When it becomes evident, during counseling, that a care receiver needs professional care, those avenues should be pursued. (See the resource section and the Light in the Closet website.)

Some may wonder if the topic of gender identity or crossdressing is outside the scope of church care. To those I would say that Jesus desires us to be honest with him and each other, and sometimes that honesty is a bit messy. Jesus never rejected anyone who came to him.

"Come to me, all you who are weary and burdened, and I will give you rest." - Matthew 11:28

Light in the Closet is here to help support you as you best discover how to support your gender variant and transgender members.

What is Transgender?



The word, "transgender" is often used as an umbrella term for any person who bends the so-called traditional gender roles. It usually applies to individuals whose gender identity is skewed towards the gender opposite their birth gender. They may identify in part or in full

with this other gender. Included are cross-dressers¹, transsexuals², transgenderist³, transvestites⁴, and androgynes⁵. Some transgender individuals dress in a non-specific or androgynous gender fashion. Most express their gender identity by wearing clothing associated with the "other" gender and participating in social activities typical for a person of that gender. There are many individuals who simply identify as transgender without citing a specific sub-category or expression.

Those who struggle with something as fundamental as gender may find themselves dealing with social stigma or isolation. Their internal struggles, frustrations and desires can keep them closed off from family, friends and their church community. Those dealing with the highly controversial issue of gender variance are well-practiced at hiding these inner struggles and so "blend in" with the other church members.

The first question usually asked of a transgender person is, "Are you gay?" Being transgender or a "trans-person" is not a matter of sexual orientation. Often a person who is transgender is equated with a person who is homosexual. Many people are surprised to learn that most who identify as transgender are not homosexual. The percentage of trans-persons who identify as homosexual is the same as the percentage of homosexuals within the general population. The issue of gender identity is distinct from the issue of sexuality. People are sexual beings regardless of gender identity and those impulses exist regardless. It is important to have a discussion about gender that is separate from sexual drives.

Gender Identity Disorder (GID)

The term, Gender Identity Disorder, is used by the medical and psychiatric communities to identify patients who are having difficulties with their gender identity. It is the most common term applied to transgender people. This term is widely used in order to classify gender incongruency as a medical condition, a condition that needs medical intervention. The amount of intervention is usually determined or requested by the transgender person. GID is treated as a life-long condition

However, there is a growing movement to normalize gender fluidity and gender variance as being natural life expressions not requiring medical intervention. Better terms to use are "gender congruency" or "incongruence." GID may still be brought about by crisis or a life change that leads to issues of self-identity in terms of gender.

The "Harry Benjamin Standards of Care" had defined treatment for those exhibiting GID since 1979. The standards of care today have been published by WPATH. The last version, was released in September of 2022. As our Western society begins to understand, and recognize, diverse gender expressions as natural and valid the medical community may move away from the idea of disorder. As new information becomes available, more treatment options and resources do as well. The "one size fits all" approach is giving way to individualized support and treatment. It is up to the individual to determine what is best. LITC believes that calling the transgender condition a "disorder" is inaccurate. We prefer the terms "gender-congruency, and gender-incongruency."

Defining gender variance as a disorder gives way to validating the idea that gender-polarization (male and female) is the only valid gender form.

Mental and Medical Health for the Transgender Individual

A Ithough gender clinics enjoyed an earnest beginning in the 1960s, they quickly became unpopular with the transgender community. They focused almost exclusively on the transsexual. By the late 1970s, it became obvious that the academic physicians and psychologist were more interested in promoting theory rather than helping transsexuals live better lives. Today there are only a handful of doctors in the United States who specialize in the care and surgical needs of transsexuals.

Those who come out as transgender are often the first to do so in their community. Many transgender persons still remain closeted due to the pathological stigma attached to any gendervariant condition. It is only in recent years that health services have become more accessible. Experienced gender specialists are only recently becoming commonplace.



A good gender specialist understands that each individual's needs are unique. Historically, if a person was not self-identified specifically as a transsexual, they were often denied mental health

services or medical treatment since they fell outside of the Diagnostic and Statistical Manual of Mental Disorders (DSM)⁷ Model. This changed somewhat in 1994, when the DSM IV entry was changed from "Transsexual" to "Gender Identity Disorder."

The biggest challenge facing the transgender community today has been to develop a non-pathologizing support model that protects the individual's right for self-identification. As a result, many of the old descriptive gender labels are being challenged.

Most transgender are well experienced in hiding the truth. They suppress their inner struggles hoping to overcome them by an act of sheer will. When suppressed, gender-identity issues often come up during times of intense periods of change and personal crisis. Unfortunately, many seek help only during these times. Crisis mode is generally a poor time to make life-altering decisions.

For the most part, transgender individuals are emotionally balanced, but the lack of acceptance by society often creates significant challenges and difficulties. The church should be one of the places where a transgender person can find acceptance and support. Unfortunately, most churches reflect the attitudes and cultural bias of society as a whole, and this group remains misunderstood and under-served. Often the combination of internal and external struggles will lead to gender dysphoria⁶. This can manifest itself in unhealthy coping mechanisms including, self-abuse, addictions, relationship difficulties, moodiness, depression and even suicide.

Millions of Americans deal with uncertainty or emotional distress regarding their gender identity. What should be a natural process of self-examination is often treated as a pathological condition. The negative reactions a transgender individual experiences in their gender exploration is daily and life-long. The constant barrage and ridicule is evidenced in peer-stigma, social isolation, emotional frustration and distorted self-image. These abuses by society and peers are often echoed in the medical community through denial of health care or mis-diagnosis. Many pastors see this struggle as a spiritual one and disregard the emotional, psychological and medical needs.

It is important for transgender persons, especially those dealing with GID, to get good support counseling and seek out a social group that is accepting. Counseling sessions or support groups should strive to create an atmosphere of normalcy and inclusion. A care provider should be aware that, although some studies have shown a higher-than-normal incidence of personality disorders, psychosis and mental illness among transgender individuals, there has never been a reliable control group to ascertain the validity of such studies. One dynamic not taken into account is the fact that many transgender individuals experience uncommonly severe social stresses such as discrimination, sexual assault, harassment, violence, abandonment by family friends and church, loss of employment and poor job options. These external pressures, if relieved, can help to foster emotional healing, and eventually create a better self-image.



But I've never heard of this before!

Gender is a person's single most important defining characteristic. It so permeates every aspect of our lives that most people never question it. Our gender colors everything we do: how we should behave, what we should wear, who we associate with, what job we can pursue, and who we can love.

Since most of those who struggle with gender identity do so in secret, many pastors are under the impression their congregation doesn't include any transgender or gender-variant people (those who do not fit a particular gender profile). They remain unaware that statistically, an average of 10% of their congregation could be in a gender identity crisis. The reason so many stay closeted is due in part to the fact that many in the Church feel gender-variant people are unacceptable and unnatural. A profound lack of information and understanding keeps those with gender identity issues silent.

The Western Church historically has turned a blind eye towards gender-variant people and written them off as outside of God's care or concern. Those who do seek help find little support and are often expelled from most mainstream denominations. The grace that is preached from the pulpit, which is intended to cover all God's children, often fails to extend to those who by their nature, nurture or choice do not conform to the accepted polarized gender model.

Those who do not consider themselves gender-variant may find it difficult to understand those who are. Although very few people embrace the absolute polarized models of male and female, they can at least identify more towards one gender more than the other. This usually aligns with their birth gender. However, imagine if you will that you had to live your life as the gender opposite your birth gender. If you were born a boy, how would you feel being forced to live your life now as a woman? How would you cope, if you were born female and forced to live your life as a male? Imagine if from a very early age you felt that there was something wrong or shameful about your body;

- that you can never be fully known or accepted as you are.
- that whatever is different about you must be kept a secret.
- that you can never be what your family expects you to be.
- that if you expressed yourself fully, you would be criticized, punished or rejected.
- that who you are is a deep disappointment to those you love and depend on.

Imagine life on those terms. Then picture the church adding to this condemnation and preaching that "who you are" is displeasing to God. No wonder the attempted suicide rate for those who are transgender with GID may be as high as 50% by the time they are 30 years of age.*

*Some information adapted from "Made in God's Image" by Ann Thompson Cook Published by Dumbarton United Methodist Church, Washington DC 2003.



Isn't this best kept a secret?

s dealing openly with highly personal issues really necessary?

God asks us to be honest with Him (1 Chronicles 29: 17). He desires that we pursue Christ with our whole heart, mind and spirit. For us to be effective in Christian service we should be fully integrated people. All aspects of our personality should be open and subject to the authority of God.

When we hide a secret or live a double life, we close off the power of God to move within us, which greatly cripples our ability to follow him. Confessing our struggles to God and each other is important if we are to pursue a grace-filled, abundant life. "*I came that they may have life, and have it abundantly.*" (John 10:10)

In the book, "Speaking the Truth in Love - How to be an Assertive Christian," by Ruth Koch and Kenneth Haugk, the authors state:

"Of course the fully integrated personality is the ideal. Human beings are all less than fully integrated. In fact, one of the life tasks for everyone is to move in the direction of more fully integrating all the separate components of his or her personality... What was whole at creation was broken and fragmented by sin, and Jesus has come personally into history and into individual lives to restore wholeness...God is willing to supply, through the power of the Holy Spirit, the wholeness that you need."

Confessing struggles, weaknesses and failings, and pursuing self-acceptance is critical to becoming a fully integrated person. Care givers and pastors have a powerful opportunity to encourage



The issue of gender identity is not new. The gender-polarized society (male and female) has been called into question many times throughout history, both socially and by the medical community. Acts of resistance to the limitations of western social gender roles are frequent and on the increase. Some have taken dramatic personal steps to carve out a lifestyle that expresses their individuality. Those who decide to embrace and honestly examine their gender identity often find themselves on the outside of most social situations, including family events and church participation. Most, as a result, find it difficult to go against cultural gender stereotypes. Those who feel they do not align socially or psychologically with their birth gender, sometimes fight their natural impulses in order to conform. This usually leads to a closed and guarded life full of frustration as well as a poor self-image.

For many, frustration with gender identity is momentary and fleeting and only manifests itself within a specific social role or activity. For others, it is more pronounced and causes uneasiness on a daily basis. Some feel a much more pronounced discomfort with their assigned gender role to the point of a paradigm break. These usually opt to live life completely in the role of the "other" gender. Others have chosen to live their life in a more gender neutral way and focus on personhood over gender.

Even though discomfort with gender is well documented, very few have addressed this issue as it should be addressed, especially within the mainstream church. Much of the discussion in the church is related to the issue of wrong and right. Only in recent years has serious attention been given to the issue of gender identity as it relates to mental health.



Being transgender is about a person's physical and psychological gender identity. The conditions that lead to frustration with gender identity and gender-based social roles, includes social upbringing, the human condition, and free will or NNC (nurture, nature, choice). Jesus spoke about gender-based social expectations in Matthew 19.

Regardless of the reasons why a person is frustrated with their gender identity or gender role in society, the issue needs to be addressed by the church and real help should be readily available in as non-threatening a way as possible. These children of God need to be affirmed that they are children of God. The process a person goes through to come to terms both mentally and physically with GID should be within the scope of church care ministries.

Counseling Guidelines and Helps

Below is a list of helpful counseling suggestions for care givers counseling a transgender care receiver.

- **1** Provide a safe and private location to discuss the issue.
- 2 Begin, continue and end in prayer.
- 3 Affirm, reflect, inquire.

Affirm: Let them know you will listen without passing judgment. Affirm the emotions behind their words and let them know it is OK to talk to you.

Reflect: Reflect back their comments by rewording them.

Inquire: Show your interest by asking them to continue.

Example of a typical question:

- Care receiver says: "Hi, my name is Bill. I have been cross-dressing for years and you are the first person I have told this to. I am scared because my wife found a pair of ladies underwear under our bed and they are not hers. She has always trusted me, but now thinks I might be having an affair. I am freaking out."
- Care giver responds: "Hi Bill. I am so glad you found the courage to come here and talk about this with me. Please know that whatever you say to me will stay between the two of us. I can hear in your voice how scary this must be for you. (Allow them to respond emotionally. If no response then continue.) It says a lot about your marriage that your wife trusts you. How long have you been married? Tell me more about what happened."
 - 4 Treat them with respect and dignity.
 - 5 Do not judge them. Let them know they are welcomed and valued.
 - 6 Watch your body language. Keep an open and listening demeanor. Lean forward, and make eye contact. Avoid sitting back in your chair, folding your arms or scowling. What is revealed in this conversation may catch you off guard, so be prepared for the unexpected.
 - 7 Keep your focus and conversation on care-related issues. You might be curious as to their motives and activities, but be patient and let them volunteer information as they are ready.



- 8 Do not react with negative judgment towards actions that you feel are questionable; rather redirect the conversation towards healthy discovery.
- 9 Ask them to self-identify. This may be the first time they have "come out" to anyone. They just may need a shoulder to cry on. Not all problems need to be fixed. If you attempt to "answer" every question you may appear to be uninterested in the emotions they are going through. Labels can be risky and care providers are advised that no one label is inclusive.
- 10 More often than not, those who deal with gender identity issues have been doing so for a long time. They are very aware of the religious and cultural taboos that surround gender identity issues. They do not need a lecture on morality.
- 11 Do not offer advice unless it is solicited. If you encounter specific needs, point them to a professional care provider who is licensed and trained. Do not attempt to solve issues or problems you are not trained to handle.
- 12 Those dealing with this issue often have ideas of suicide as a way to escape. Do what you can to encourage them that this is not a good option. Also have resources readily available for them.
- 13 Address them with the gender specific pronouns that are in line with the gender they are presenting. If you are unsure, then ask how them how they wish to be addressed. (She, her / they, them / he, him)

Light in the Closet care givers are available by email or telephone.



How Many Identify as Transgender in the U.S.?

THE 2000 CENSUS

U.S. Population in 2000 276,059,000 US Male Population 134,979,000 US Female Population 141,080,000 # of US Population that is Transgender 13,686,298

FEMALE TO MALE:

Halloween Exhibitions 3,041,399 Part-Time Cross Dressing 1,414,251 Full-Time Cross Dressing (living full-time, without SRS) 71,473 Post-Operative (sexual reassignment surgery completed) 36,497 Total Transgender Female to Male 4,562,099

MALE TO FEMALE:

Halloween Exhibitions4,562,099Partial Cross Dressing (wearing only certain female items)3,041,399Part-Time Cross Dressing (full feminine expression)1,216,560Full-Time Cross Dressing (living full-time, without SRS)243,312Post-Operative (sexual reassignment surgery completed)60,828Total Transgender Male to Female9,124,198

Over 13.1 million, out of the 13.68 million transgender population are not pursuing a full-time expression of their gender-divergence. A full 8.7 million of these are men, and 4.4 million are women. The numbers could even be higher in that many individuals still remain unidentified or closeted. According to the 2000 census, there were over 400,000 people (male and female) who were living fulltime as the gender opposite their declared birth gender. In 2013 the number was closer to 700,000 according to various published sources.

The US population was up over 300 million in 2014. It is reasonable to assume the number of transgender in the U.S. is over 15 million in 2016. This would put Light in the Closet's potential focus group at 9.5 million males by that same year.

*The figure of 13.68 million was produced by Human Rights Campaign (HRC) and confirmed by various groups including the American Medical Association (AMA). This figure attempts to include all individuals falling under the general category of transgender. Over 95% of these are crossdressers, most of whom are closeted. Although this survey is over 15 years old, it is the most exhaustive survey of it's kind available by this booklets publication date.

Transgender Education and Support

SUICIDE PREVENTION LIFELINE

The National Suicide Prevention Lifeline is a 24-hour, toll-free suicide prevention service available to anyone in suicidal crisis.

Please call or text the Disaster Distress Helpline: 800-985-5990.

For more information contact: https://988lifeline.org/

Also: https://988lifeline.org/help-yourself/lgbtqi/

TRI-ESS

Support group for heterosexual cross-dressers and their partners

The main support group in the United States for heterosexual crossdressers, their partners, the spouses of married crossdressers and their families is Tri-Ess. There are many chapters nationwide that offer educational and social support. They believe that through acceptance and exploration they can broaden the entire personality, which can be very fulfilling. They dress in emulation, rather than in mockery of femininity.

For more information please visit: https://www.tri-ess.org/

WPATH Standards of Care for Transgender - 2022

World Professional Association for Transgender Health

This document, the Standards of Care (SOC) was created for the health of transsexual, transgender, and gender nonconforming people. The SOC is based on the best available science and professional consensus. While this is primarily a document for health professionals, the SOC may also be used by individuals, their families, and social institutions to understand how they can assist with promoting optimal health for members of this diverse population.

For more information please visit:

www.wpath.org/

Find the online pdf of "SOC Version 8" at:

www.tandfonline.com/doi/pdf/ 10.1080/26895269.2022.2100644



Transgender Health & Spiritual Well-being



GENDER SPECTRUM EDUCATION AND TRAINING

Providing education, resources and training to help create a gender sensitive and supportive environment.

Gender Spectrum Education and Training is committed to creating a more supportive world for people of all genders. They do this by increasing awareness and understanding of the normal range of gender variations found in everyone.

Whether you are familiar with gender variance or are just starting to learn about gender identity and expression, Gender Spectrum Education and Training can help you create a more gender sensitive and supportive environment for all people, including gender-variant and transgender youth.

For more information please visit:

www.genderspectrum.com

TRANSFAITH

Contains a list of transgender Christian-based web sites and resources.

While the church was looking the other way, gender issues became much more complex. The simple argument based in Deuteronomy doesn't begin to touch the reality of what transgender individuals deal with. Many of the links listed on TransFaith address the real issues of gender identity and offer real solutions.

For more information please visit:

www.transfaith.info

BETTER HELP

Convenient and affordable therapy for LGBTQ individuals.

BetterHelp will match you to one of 35,000 licensed therapists based upon your location, preferences, and therapist availability.. For more information please visit:

www.betterhelp.com

LIGHT IN THE CLOSET MINISTRY

Light in the Closet offers a safe place for individuals to discuss with confidentiality personal issues, desires and fears they are dealing with related to gender identity and cross-dressing. This support ministry is designed for those who are already Christians, but also benefits those who are seeking spiritual or emotional guidance.

There is an abundance of clinical and practical information on the *Light in the Closet* web site. A good deal of the web site is dedicated to the investigation of scripture as it relates to gender identity. This section is entitled, "ARTICLE INDEX - Biblical Questions and Answers." This section contains articles that ask and answer questions about transgender issues from a Christian perspective. Listed below are articles with the corresponding questions that inspired the articles or are related to the subjects discussed. www.lightinthecloset.org

Article 1 ... Am I Going Nuts?

"No, but you may be going through andropause."

Scripture: Deuteronomy 22:5 / I Ephesians 5:2

Addresses the following question: Q: Why are my transgender feelings so overwhelming?

Article 2 ... "Am I Loving Others or Compromising My Faith?" Live a life pleasing to God within the LGBT Community

Scripture: Romans 3: 19-24 / Ephesians 2:8-10

Addresses the following three questions:

Q: "Am I compromising my faith if I explore gender identity issues?

Q: "If God has a problem with LGBT people then how can we fellowship with them? Isn't being transgender a sin? I listen to my brothers and sisters in Christ telling me that any LGBT person cannot be a Christian as long as they live as they do. If a long-time Christian comes out as LGBT (as I have) then perhaps they were never saved in the first place."

Q: "Am I denying God's will, by not renouncing my transgender nature? How can I convince someone that I'm not compromising my faith?"



Article 3 ... "Do Your Clothes Fit?"

Scripture: 1 Corinthians 3:16 / Ephesians 5:29

Addresses the following three questions:

Q: "What is your motive for dressing up in clothing of the *opposite* gender?"

Q: "Can clothing really affect the way you feel about yourself?"

Q: "Why do I loathe my body?"

Article 4 ... "Is Cross Dressing A Sin?" (A Perspective on Grace)

Scripture: Matthew 5:27 / John 14:6 / Matthew 19 / Romans 14

Addresses the following questions:

Q: "I feel awful about my crossdressing. Am I in hopeless sin when I cross dress?"

Article 5 ... "Is Wearing Panties a Sin?"

Scripture: Colossians 1:13-14 / John 16:7-16 / 2 Corinthians 12:9 Romans 3:9-23, 5:1-19, 6:23 / Matthew 7:2-5, 9:11-13 , 23:13-29,24:4-5 Galatians 2:19-21, 3:3-24, 4:4-7, 5:1

Addresses the following question:

Q: "Although no scripture verse speaks to this directly, is wearing female undergarments underneath your male clothing a sin?"

Article 6 ... "Legalism & Indulgence" When Is Enough, Enough?

Scripture: 1 Corinthians 6

Addresses the following question:

Q: "Aren't the laws of God there for us to vigorously uphold? Isn't it safer to err on the side of legalism?"

Article 7 ... "Transgendered Living Without Sexual Reassignment Surgery (SRS)" A Grace-filled Perspective of a Male to Female Transgender

Includes: "Eight things you can do to fight the religious imposter and undo the damage caused by polarized gender."

Scripture: Matthew 11 and 23 / Romans: 5 / John: 17

Addresses the following two questions:

- Q: "Can I create an emotional balance through cross dressing"
- Q: "Do we really have to choose one gender over the other?"

Article 8 ... "Weighing Our Options: Making purposeful choices."

Addresses the following question:

Q: "What Sort of Choices Do We Really Have?"

Article 9 ... "Questions From a Pastor to a Transgender Christian"

Q: How does cross dressing promote His (God's) image and your acceptance of who He has made you (in relation to your gender)?

Q: "Is cross dressing a way to express your confusion in reference to who you are and God's design for your life?"

Q: "Could it be that your expressed transgender nature is a sin nature that needs to be re-coursed and restored in reference to God's primary intention for your life? God made male and female (different needs, expressions, body parts, etc.) - He never made man out of the context of these two genders."

Article 10 ... "NURTURE, NATURE, CHOICE" The Biblical Perspective of Jesus in Matthew 19

Scripture: Genesis 1:27 / Deuteronomy 22: 5, 24 / Matthew 19

Addresses the following question:

Q: "There has been a long standing debate over nurture, nature and choice. Does Jesus have anything to say about it?"

Q: "Does Jesus address the issue of gender identity?"

Q: "How does Jesus feel about those who bend gender roles?"

Reference and Glossary

Some information in this booklet was adapted from the following publications:

All God's Children

A guide to teaching young children about sexual orientation and gender diversity. Written by long-time sexuality educator Melany Burrill, All God's Children will help parents, teachers, clergy, and other caring adults find the right words, model openness and respect, and convey affirming messages.

Written by Melany Burrill

A publication of Dumbarton United Methodist Church, Washington DC 2003 God Loves Each One Ministry / Ann Thompson Cook, Director **Web: www.manyvoices.org/blog/contributor/melany-burrill**

Made in God's Image

A resource publication for dialogue about the Church and gender differences.

Written by Ann Thompson Cook A publication of Dumbarton United Methodist Church, Washington DC 2003 God Loves Each One Ministry / Ann Thompson Cook, Director **Web: http://annthompsoncook.com**

Transgender Care

Recommended Guidelines, Practical Information and Personal Accounts

This publication is a forward thinking tool and reference guide for both the medical mental health communities. It puts for recommendations for guidelines of care for transgender client.

Written by Donald E. Tarver II, M.D. and the late Gianne E. Israel Published by Temple University Press, Philadelphia 1997

By the Grace of God

Many transsexual persons and cross-dressers who had nearly lost their faith, found new hope through this publication.

Written by Lee Frances Heller and Friends Published by SSP Publications, Wheaton, Illinois 2001

GLOSSARY

¹ CROSS-DRESSERS (also spelled CROSSDRESSERS)

Those who wear the clothing of the "other" gender but have little desire to physically alter their gender. The reasons and catalysts to cross dress are varied. It may result from fundamental brain chemistry, reconciling abuse from a parent or trusted care giver (usually resulting in a fetish), biologically inter-sexed, or simple curiosity. Often cross-dressing is done for comfort or to relieve tension, and usually has a sexual component attached to it.

² TRANSSEXUAL

People who desire to change their gender by fundamentally altering their bodies in order to live as members of the "other" gender.

³TRANSGENDERIST

This term is used infrequently to describe a person who lives as a member of the opposite gender either full-time or part-time, but are not pursuing sexual reassignment.

⁴TRANSVESTITE

An older term that refers to a person (especially a male) who adopts the dress and often the behavior typical of the opposite gender, especially for purposes of emotional or sexual gratification.

⁵ ANDROGYNES

A person who is psychologically androgynous. The personhood of an androgynous individual. This may include a person with an androgynous physical appearance, a person with a combination of both masculine and feminine personality traits, or a person who has no sense of being either male or female.

⁶ GENDER DYSPHORIA

A discomfort with one's birth gender. A feeling of incongruity.

⁷ DSM - The Diagnostic and Statistical Manual of Mental Disorders

Published by the American Psychiatric Association providing diagnostic criteria for mental disorders. It is used by clinicians, researchers, psychiatric drug regulation agencies, health insurance companies, pharmaceutical companies and policy makers.

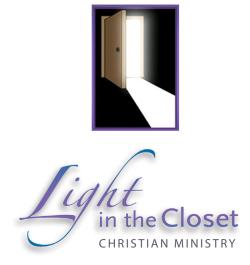
LIGHT IN THE CLOSET MINISTRY

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www.lightinthecloset.org



Page 21



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