Gender Identity Disorder or Gender Dysphoria in Christian Perspective[1]

"Gender" has become a matter of uncertainty. Rather than male or female, many see gender as a relative matter, or even a continuum. They consider gender or sexual identity to be less a reality given at conception than a matter of personal discovery.[2] Reflective of such a theoretical perspective, increasing attention is also given to individuals who are *personally* uncertain about their own gender or sexual identity—in particular, individuals who are "transsexual" or "transgendered," [3] as well as those who identify themselves as "bisexual" or are "questioning" their gender and in the process of determining what they perceive to be their true gender identity.[4]

In recent years the Commission on Theology and Church Relations has been asked about the specific matter of transsexual or transgendered individuals. Questions have come from individuals with personal questions about sexual identity including persons who are uncertain whether they are "truly" male or female, others who are regularly dressing and presenting themselves as a member of the opposite sex, and still others who are participating in hormonal or surgical procedures to change their sex identification from male to female or from female to male. In addition to concerns from individuals questioning their sexual identity, church workers have asked for guidance in pastoral care for individuals struggling with matters of gender identity.

The following pages will consider, first, some of the current psychotherapeutic perspectives of the American Psychiatric Association. Those perspectives are important, yet Christian churches seek a theological understanding as grounded in the higher authority of God's revelation in Scripture. Thus the remainder of the report provides theological reflection on the topic of sexual identity and suggestions for pastoral care.

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[1] As Lutheran Christians, a consideration of The Lutheran Church—Missouri Synod on this and any topic is grounded in belief in the full authority of Holy Scripture as God's infallible Word and the conviction that the Confessions of the Lutheran Church are a truthful interpretation of the Scriptures. The general perspective of this report, however, is one that is not simply that of the Lutheran theological tradition, but rather stands within the broad (catholic) consensus of traditional Christian teaching.
[2] This is an element of what is sometimes referred to in gender studies as the "social constructionism" movement in psychological theory. As an example, see Rachel Alsop, et al., *Theorizing Gender: An Introduction* (Malden, Massachusetts: Blackwell Publishers, 2002).
[3] For the purposes of this document, the definitions of transsexual and transgender used by the American Psychiatric Association are utilized. See the text below under Psychotherapeutic Considerations for those definitions (p. 2).
[4] Note the familiar acronym LGBT (Lesbian, Gay, Bisexual, Transgendered) to which is now frequently added Q for Questioning—LGBTQ. Both acronyms are regularly present not only in secular discussions, but also in ecclesial settings. Ecclesial LGBT(Q) lobbies have pressed church bodies to make changes allowing ordination into the ministry and religious blessing of same-sex unions or marriages of practicing homosexual persons. Such lobbies are also advocates for Bisexual and Transgendered individuals and others who are Questioning their sexual identity.

Psychotherapeutic Considerations

The American Psychiatric Association's (APA) 1994 *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition* (DSM-IV) listed four criteria required for a person to be diagnosed with *gender identity disorder* (i.e., as a transsexual or transgendered individual):

- Strong and persistent cross-gender identification;
- Persistent discomfort about one's assigned sex or a sense of inappropriateness in the gender-role of that sex;
- The individual does *not* have a concurrent physical intersex condition [hermaphroditism[5]];
- Clinically significant distress or impairment in social, occupational, or other important areas of functioning.[6]

In recent years, these criteria and the APA's 1994 categorization of the condition as a "disorder" have stirred controversy within the psychotherapeutic community together with impassioned debate. The primary concern that many have had with DSM-IV has been the assumption that identifying with a gender other than the one assigned at birth is a "disorder." The label "disorder" is thought to imply a value judgment. For example, the doctor who chaired the gender identity disorder committee of the APA has been criticized by many because he advocates cognitive behavioral treatment for the disorder in children (although he does not advocate such treatment for adults).[7]

As a result of the debate the most recent edition of the *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition* (DSM-5[8]), released in May of 2013, discontinued the term "gender identity disorder" in favor of "gender dysphoria."[9] DSM-5 distinguishes between gender dysphoria in children and adults. It defines "transgender" persons as those "who transiently or persistently identify with a gender different from their natal gender" and "transsexual" persons as those who either seek or have undergone "a social transition from male to female or female to male" whether or not that entails hormonal or surgical treatments.[10] DSM-5 continues to maintain a distinction between sexual dysphoria and an intersex condition (in which an individual has physically or genetically ambiguous sexual traits). "Overall, current evidence is

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[5] A hermaphrodite is a person having both male and female sexual tissues. It is an older term for a condition now included under the term "intersex" which is defined in the body of this section or described by the phrase "disorder of sex development" (DSD).

[6] DSM-IV (Washington, DC: American Psychiatric Association, 1994) 537-538.

[7] Dr. Kenneth Zucker is a sexologist who specializes in the care of children with gender dysphoria. He favors cognitive behavioral therapy only in children and disavows reparative therapy for homosexuals. "Kenneth Zucker." *Wikipedia, The Free Encyclopedia.* <http://en.wikipedia.org/wiki/Kenneth_Zucker> (accessed: 29 October 2013). Cognitive behavioral therapy in this context may be generally defined as a therapeutic process that attempts to help an individuals change their sexual identity. In this case, Zucker's approach seeks to help children who are identifying with the opposite sex to be accepting of their own sex as a boy or girl.

[8] DSM-IV and predecessor editions were identified by Roman numerals when abbreviated. DSM-5 uses the Arabic numeral.

[9] DSM-5 (Arlington, Virginia: American Psychiatric Association, 2013), 451-459. Dysphoria is medically defined as "an emotional state marked by anxiety, depression, and restlessness" (dysphoria. Dictionary.com. *The American Heritage® Stedman's Medical Dictionary*. Houghton Mifflin Company. http://dictionary.reference.com/browse/dysphoria [accessed: 29 October 2013]).

[10] DSM-5, 451.

insufficient to label gender dysphoria without a disorder of sex development as a form of intersexuality limited to the central nervous system."[11]

Gender dysphoria in both children and adults is reportedly more prevalent in males than in females. For adults identified as male at birth, the incidence reported in DSM-5 is between 0.005% to 0.014% (5-14 cases in every 100,000 males). For adults identified as female at birth, the rate is from 0.002-0.003% (2-3 cases in every 100,000 females). No global prevalence data is offered for gender dysphoria in children, but the ratio from many international studies again suggests a greater rate of occurrence in boys compared to girls (between 2 and 4.5 times as often for boys as for girls). In a final note on prevalence, however, DSM-5 indicates that Japan and Poland report more sexual dysphoria in females than in males.[12] (No further information on any of the data is given and DSM-5 does not indicate either the sources of the research or its sample populations.)

In an online pamphlet released in advance of DSM-5, gender dysphoria is described as follows:

> For a person to be diagnosed with gender dysphoria, there must be a marked difference between the individual's expressed/experienced gender and the gender others would assign him or her, and it must continue for at least six months. In children, the desire to be of the other gender must be present and verbalized. This condition causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
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> Gender dysphoria is manifested in a variety of ways, including strong desires to be treated as the other gender or to be rid of one's sex characteristics, or a strong conviction that one has feelings and reactions typical of the other gender.[13]

DSM-5 itself states: "*Gender dysphoria* refers to the distress that may accompany the incongruence between one's experienced or expressed gender and one's assigned gender." It furthermore indicates that "[t]he current term is more descriptive than the previous DSM-IV term *gender identity disorder* and focuses on dysphoria as the clinical problem, not identity per se."[14] In taking this stance, the APA is acknowledging both the afore-mentioned debate and also the complexity of the research that has been conducted in this area. While an intersex condition (see below) is rather distinctive and clearly involves biological and genetic criteria, the causes of individual distress over one's apparent sex—one's "natal gender"[15]—are highly complex. There is no certain physiological or genetic cause for such dysphoria.

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[11] DSM-5, 457. In other words, there is insufficient evidence to suggest that gender dysphoria has a biological cause unless it is accompanied by sexual ambiguity of a physical nature (intersex condition or DSD). DSM-5 cites evidence that hormonal levels for natal males with sexual dysphoria are similar to those for the male population without sexual dysphoria. Hormonal levels for natal females with sexual dysphoria indicate a slightly higher, but statistically insignificant, level of testosterone than found in the average female population.
[12] DSM-5, 454.
[13] See http://www.dsm5.org/Documents/Gender%20Dysphoria%20Fact%20Sheet.pdf (accessed 29 Oct. 2013).
[14] DSM-5, 451; emphases in the original.
[15] The term "natal gender" is used and defined in DSM-5, 451 as the identity associated with biological indicators that is given to an individual at birth.

The change in terminology from DSM-IV to DSM-5 is significant because it indicates a reluctance to identify the confusion that an individual may feel about whether he or she is male or female, despite his or her natal gender, as a clinical problem. Rather than an identity disorder, DSM-5 only recognizes the distress the individual feels as a treatable problem. This suggests that the debate with its consequent conceptual and terminological changes has occurred in large measure because a value judgment is perceived to be at the heart of the notion that cross-gender identification is itself a "disorder" and therefore detrimental or negative.

Viewing sexual identity from a perspective of ordered or disordered implies a moral judgment, with "good" versus "bad" implied. Such moral reflection has been progressively excluded from the fields of psychology and psychiatry in recent decades. The elimination of homosexuality from the list of psychiatric disorders on December 15, 1973 is a relevant example. That elimination was grounded primarily in the conviction that it was a moral value judgment to declare homosexuality a psychiatric disorder that should be treated.

The continuing debate regarding homosexual conduct in the United States is in large measure a debate between a biblical and traditionally Christian understanding of the moral quality of homosexual behavior and the understanding, adopted by an increasing percentage of those in the psychiatric community since 1973, that homosexuality is either a natural condition or a valid lifestyle alternative. The underlying question is whether there is space for moral judgment in determining human behavior that requires psychiatric or psychological therapeutic care. The trajectory of past thinking and current DSM judgments indicates a similar perspective about matters of gender identity, namely, that such dysphoria should not be viewed in any way that involves moral judgment. The APA therefore approaches such an issue from a significantly different standpoint than the standpoint of Christian theology.

Christian Moral Reflection on Gender Identity

Christian theological and moral reflection on matters of gender identity must note the trajectory indicated above and its basis in the 1973 decision of the APA. An underlying assumption of those who press for changes in the church's understanding of homosexual behavior has been that one's embodiment should not be a determinative factor in moral behavior. In other words, simply because one is physically male, he should not have to accept that the natural and God-pleasing sexual expression appropriate to him should be toward females. And, if one is physically female, she should not feel morally compelled to restrict any sexual desires for women. Similarly, one who has sexual desire for both men and women, should not seek to deny such desires or feel compelled to restrict his or her sexual contact only to the opposite sex. And, lastly, just because one has male genitalia, one should not be encouraged to seek treatment for the fact that one feels more like a female.

The entire Christian tradition and the majority of Christian churches today have opposed such changes in perspective. The basis for such opposition is precisely because our embodiment is understood as an aspect of our creation by God and therefore instructive regarding behavior that is good and pleasing to Him. Human embodiment indicates simply and eloquently God's

intention for sexual activity—that male and female by becoming "one flesh" might end their aloneness in lifelong unity with one another and, according to God's blessing, in the procreation of children (Gen 1:26-28; Gen 2:18-24). Homosexual or bisexual desire and activity is therefore viewed as aberrant (see Gen 19:4-11; Lev 18:22; 20:13; Rom 1:24-27; 1 Cor 6:9; and 1 Tim 1:10), because it contradicts the meaning and purpose of one's embodiment as male or female.

This biblical view is not unrealistic about human nature in a fallen world. It is true that one result of sin is that desires and behavior become disordered. Husbands and wives inevitably experience (and too frequently act out) sexual desire for men and women other than their spouses. In other cases, men and women experience (and frequently act out) desire for individuals of their same sex.

The very same line of thought would apply to one who is embodied as a man but feels persistent discomfort with his maleness or for a person with a female body who believes she is male. From the standpoint of our bodies—which is the only objective means of determining who is male or female—we have a God-given identity that is either masculine or feminine. One is a man or a woman because that is what the body given by God indicates.[16]

Christian theology has consistently sought to distinguish desires and feelings from behavior. Greed, rage, jealousy, resentment, arrogance, depression, and the many shapes that lust can take are but a few examples of feelings or desires that every human experiences to various degrees and at various times. Such desires are part of fallen human nature itself (e.g., Gal 5:17 or 1 John 2:16), but they are to be opposed and curbed, rather than to be given free reign (Rom 13:14). The Christian theological tradition has therefore sought always to distinguish between desires and acting out on desires, and between specific behavioral sins and the sinner. It recognizes that in our fallen humanity, behavior *can* be disciplined to some degree, while inner feelings are far less subject to human control.

Christianity understands homosexuality, bisexuality, or transgendered identity and desire within such an overall moral framework. It seeks to follow natural law (the objective truth of our bodies) and the revealed truth of Holy Scriptures, even if the truth these sources convey conflicts with societal or professional opinions, such as that of psychology or psychiatry.

One response to such reflection is that, while there is scriptural direction which clearly forbids homosexual activity, there is no explicit scriptural reference to transgendered individuals. There are only references that hint at implications for the individual who feels discomfort with his or her identity as male or female.[17]

[16] This does not deny the reality of situations in which there is sexual ambiguity that is physical or biological in nature. See the excursus on Intersex below for further consideration of biological sexual ambiguity.

[17] There is, indeed, no explicit mention, much less extended discussion *per se* in the Bible, of transsexual or transgendered persons or persons experiencing distress over their physical sexual embodiment. Deuteronomy 22:5 is, however, a strong condemnation of wearing the garments of the opposite sex. Some argue that such an Old Testament reference has no applicability to Christians. A more classical Christian interpretation is that this verse represents an example of "moral law" with continuing applicability. Moreover, St. Paul's reference to "effeminates" in 1 Cor 6:9 (New American Standard and King James Version; the New International Version translates the term as

Jesus, however, grounds sexual morality not only in revelatory truth, but also in our created nature (see Matt 19:1-9). When he condemns divorce, he does so because, from the very beginning, "the Creator" (NIV; "he who created them" NAS ESV NRSV) has made us male and female (Matt 19:4). Jesus points to our creation as male and female and therefore endorses the conclusion that "a man shall leave his father and mother, be united to his wife, and the two become one flesh," quoting Genesis 2:24. As one flesh, the man and woman have been joined by God and should not separate.

Paul speaks within the same context of male and female and the same foundational passage from Genesis in his teaching on marriage (Eph 5:22-33). And as he further discusses sexual morality in marital and unmarried life (cf. 1 Cor 6:12-7:40), he does so from within a perspective that acknowledges our created embodiment as male and female ("glorify God in your body," 1 Cor 6:20), the expectation of sexual self-control whether married or unmarried (1 Cor 6:18; 7:5, 9), the call to live the life we have been given (vocation, 1 Cor 7:17, 24), and the priority of serving God in our daily lives (1 Cor 7:32).

The reasoning of Scripture regarding our sexual nature is therefore inarguable. In addition to the previous passages, Paul's discussion of homosexuality in Romans 1 is important. He considers homosexual acts in the context of one particular trait of human sin: the suppression of the truth (Rom 1:18). He gives two examples of suppressing truth. The first is our refusal to acknowledge the divine power and nature which alone could bring about the created world, which results in humans worshiping creatures instead of the Creator (Rom 1:19-23, also v. 25). Paul's second example results from the first: because we worship the creation and not the Creator, we are also given to dishonoring our bodies rather than seeking the will of the Creator for their proper use. This, Paul says, is the reason humanity is even willing to ignore the obvious intention of our creation as male and female and exchange "natural relations for those that are contrary to nature" as women engage in sexual relations with other women and men engage in sexual relations with other men (Rom 1:24-27). Paul's understanding of the immorality of homosexual activity is grounded in our created nature as sexual beings, our embodiment as man or woman, and is not understood as an arbitrary moral rule revealed by God.

Moreover, within the Lutheran theological tradition, one may note the relevance of the explanation of the first article of the Creed by Martin Luther. Having confessed, "I believe in God the Father almighty, maker of heaven and earth," Luther's answer to the question, "What does this mean?" is directly applicable to this discussion: "I believe that God has made me and all creatures, that He has given me *my body* and soul, eyes, ears, *and all my members*...."[18]

"male prostitutes") is a likely reference to individual men who "cultivate feminine features." Cf. Robert A. J. Gagnon, *The Bible and Homosexual Practice: Texts and Hermeneutics* (Nashville: Abingdon Press, 2001), 307-308.

[18] Emphasis added. The translation of the Small Catechism is from *Luther's Small Catechism with Explanation* (Saint Louis, Concordia Publishing House, 1998, 2005), 15. Cp. Robert Kolb and Timothy J. Wengert, eds., *The Book of Concord: Confessions of the Evangelical Lutheran Church* (Minneapolis: Fortress Press, 2000), 354, which reads "all limbs" rather than members, in translating the German *Glieder.* The term *Glied,* however, is used to refer to all body parts. Moreover, the Latin version of the Small Catechism reads "*omnia membra*" for the text in question.

To declare faith in the work of God's creation in our lives is to confess that our bodies, with all their parts—including our sexual organs[19]—are given to us by God our heavenly Father. The parts of the body are arranged and appointed "each one of them, as he chose" (1 Cor 12:18). It is from this consideration of the creation of the human body with all its members that the inspired apostle then develops the rich and beautiful image of the church as the body of Christ with all its members.

A biblical approach to sexual morality, therefore, is not simply grounded in specific Bible *passages* alone. It is grounded, first, in the truth of our nature as created beings ("natural law") as that is understood in Scripture. From this standpoint, the Christian understanding of confused sexual identity is clear. Because Christianity takes our created bodies seriously, it is compelled to view it as a *disorder* of creation if a man or woman feels discomfort with his or her body and desires either to dress and act in the manner of the opposite sex or to "change" his or her sex by means of hormones or surgery. Ultimately, such feelings or actions are fruitless violations of our nature. Such surgery, for example, will not change the individual's chromosomal makeup, but will only mutilate the body God has given.

Excursus: Intersex Condition as an Area of Special Concern

One special area of concern must be discussed in this context. DSM-IV criteria (above) explicitly excluded from the diagnosis of sexual identity disorder individuals with "intersex" condition, but such persons should not be forgotten in a Christian moral and pastoral discussion of gender dysphoria. An intersex condition in humans can take two forms, one in which both male and female gonads are present at birth and the individual has both male (XY) and female (XX) chromosomes. The second form involves the chromosomes and gonads of one sex but the physical appearance of the opposite sex.[20] As noted above, DSM-5 maintains a distinction between intersexuality and sexual dysphoria.

All creation displays the results of sin and death, even though God created the world to be a place of goodness and life. Such is the sobering assessment of Christian reflection on the fall into sin. Congenital disorders and other examples of nature in rebellion against humanity, of which an intersex condition would be an example, are understood from a Christian theological perspective as examples of creation in "bondage to corruption" as a result of the corrupting force of the fall into sin (see Gen 3:16-19; Rom 8:20-23).

While an individual with hermaphroditic features may not fit the concept of gender identity disorder (by DSM-IV's standard) or the concept of being transgendered, such a person will likely know some measure of distress or dysphoria and might well seek pastoral guidance and direction. Here the guidance would be more dependent upon medical advice than any particular

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[19] Perhaps Paul's reference to our "unpresentable parts" in 1 Corinthians 12:23 is worth mentioning. The context of 1 Corinthians 12 is one in which he affirms the richness of the body of Christ by means of analogy to the human body, the parts of which, are all afforded high regard and worth. That includes the sexual "members" of the body which, while treated with modesty, are nonetheless worthy of equal regard to eyes, ears, noses, hands, and feet which are ever active and noticeable. See Gregory J. Lockwood, *1 Corinthians* (Saint Louis: Concordia Publishing House, 2000), 446-447, for a discussion of the "inferior" members of the body.

[20] "hermaphroditism." Encyclopædia Britannica. 2013. *Encyclopædia Britannica Online.* Accessed 29 Oct. 2013 <http://www.britannica.com/EBchecked/topic/263151/hermaphroditism>.

scriptural position. The fundamental Christian perspective would be to encourage treatment of the condition in a way that allows the greatest possible fullness of service to Christ and others by the individual. This may well entail hormonal or surgical options that enable the person to deal most effectively with the biological sexual ambiguity which is present.

Pastoral Care for Gender Identity Confusion

A pastoral response to individuals with any form of gender dysphoria requires a clear grounding in a biblically based understanding of natural law and our creation by God as male and female. A biblical understanding of both the gravity of sin's effects and the Gospel of redemption from sin by grace through faith in Jesus Christ is also necessary. But such doctrinal awareness is not the sum of pastoral care. The church's ministry is instead always anchored in the responsibility to proclaim, reflect, and enact the love of God in Christ Jesus—his love for a fallen world—in the lives of specific individuals.

The pastor will understand that the person who is struggling with sexual identity is indeed dealing with a grave disorder, but he will also understand that the deepest need of such a man or woman—as it is for every person—is to know that he or she is beloved by God. Christ's love and forgiveness are in this case as always one's greatest needs. Sorrow, confusion, frustration, shame, and despair are likely present in any individual dealing with gender dysphoria or struggling with questions about his or her identity as male or female. If such an individual has not already sought psychotherapeutic care, the pastor should seek to encourage and, to whatever degree possible, facilitate the individual in securing competent therapy that is not hostile to the Christian faith.[21]

While it is unlikely that the pastor is trained or equipped to serve as a therapist for this condition, the value of pastoral care and counsel should not be minimized. The pastor has the opportunity to provide compassionate care anchored in the Word of God—care that recognizes both the power of sin and the even stronger, gracious acceptance of our Lord Jesus for humanity despite our sins and weaknesses (Mark 9:17-27; Luke 19:10).

Pastoral care for such a person struggling with sexual identity does not begin with debates about what is or is not moral. Certainly, the Christian pastor is called to help an individual struggling with sexual identity to understand the biblical view of human sexuality and to distinguish between his or her feelings and actions based on those feelings. The rightfully persistent idea of loving the sinner even as one discourages specific sins is vital here as it is in every situation of pastoral care and moral guidance.

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[21] It would be good for every pastor to know of therapists who are clinically competent to provide therapy to individuals in need. That may not always be easily accomplished. It is true that there are some therapists who are suspicious of or even hostile to the Christian faith and biblical teaching, particularly with respect to sexual morality. A pastor may wish to consult with the American Association of Christian Counselors (http://www.aacc.net/resources/find-a-counselor/).[21]

More important for pastoral care, however, is the development of genuine Christian friendship modeled after the One whose friendship knows no boundaries (Luke 7:34). Loving pastoral care for the individual seeks to provide a spiritually nurturing, encouraging, and accepting "safe place" to someone who may well have suffered from actual or perceived ostracism, mockery, and animosity. He or she may view the church with suspicion or share the common assumption that Christianity is more concerned with moral judgments, cultural battles, or political victories than about broken and suffering people. In accepting the struggling individual, a relationship of interpersonal trust develops. Within that relationship there will be natural opportunities to make Christ known, to call the person to trust in his promises and love, and to show that the purposes and commands of God for our lives are for our good.

Pastoral care in such circumstances will be challenging, to put it mildly. Individuals who have had sexual reassignment procedures and then come to the conviction that their actions were mistakes and were not God-pleasing will need special care and encouragement.[22] In addition to encouraging competent therapy (as noted above), the work of pastoral care for a such persons will seek to treat their immediate *spiritual* needs, dividing Law and Gospel with care and helping them to accept what may well be a permanent, difficult reality (cf. 2 Cor 12:7-9). Specific strategies for working toward a renewed and God-pleasing life will differ from case to case. In such cases it may be advisable for the pastor to seek permission to discuss the case with the individual's therapist. At all times, communicating the important truth of God's persisting love for us, no matter what we have done in and to our lives, is the center of the pastor's care.

If the pastor is caring for a person who is struggling with sexual identity but rejects the Christian church's guidance in this matter, the pastoral task is similar to many other instances of pastoral care in the face of sin and fallenness. Admonition and the call to repentance are needed; some measure of Christian discipline may also become necessary. Pastors regularly require patience in both holding to the truth of God's Word while just as patiently seeking to provide loving support as they seek to bring to repentance those who do not see that truth clearly or are otherwise inclined to reject it. Support and counsel from others, including fellow clergy and others who are in ministry, is vital to the pastor. This also includes seeking guidance from Christians who work in the mental health professions.

In closing, the important pastoral tool of individual confession and absolution should not be neglected, but coupled with pastoral counsel and genuine Christian friendship. Nothing is more powerful in the life of every person—for all of us fallen people—than the forgiveness that is given through the suffering and death of our Lord Jesus. It is the greatest responsibility and privilege of pastoral care to proclaim Christ's forgiveness, freely and graciously given, and received simply by faith in our Lord's promises.

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Commission on Theology and Church Relations
The Lutheran Church—Missouri Synod

[22] There have been a few cases when transsexuals engaged in further medical procedures to attempt to restore the physical traits of their natal gender. However, that will often be an unrealistic if not impossible goal.