



BEFORE WE BEGIN

- This module presents information about transgender individuals within various religious backgrounds and contexts. We address generalities in experiences, not specific religious beliefs.
- Information about the religious practices, beliefs, or specific concerns should come directly from your patient. Even within orthodox religions, the understanding and level of commitment can vary dramatically.
- For more information on specific religious beliefs as understood by the LGBTQ community please visit: <https://www.hrc.org/resources/faith-positions>
- Prepare to be surprised in the willingness of devout religious believers to be accepting of, or a member of, the LGBTQ+ community.

RELIGION & GENDER-DIVERSITY

- Every transgender patient you interact with has been affected by religious beliefs; either their own, their family, or their existence in a government wherein laws are based on tenets of Judeo-Christian beliefs.
- Transgender patients are generally aware of the actions of religious individuals or groups who are seeking to either prevent or remove laws which provide protections from discrimination in housing, employment, marriage, access to health care, and the principles of free-will and self-determination.
- Relevance: 78% of The United States Self Identifies as an Abrahamic denomination: Christian, Islam, Judaism

A WORD ON THE “T”

- For purposes of lobbying and building community support, the T (Transgender) was aligned with Lesbian, Gay and Bisexual communities (LGB). While useful from a social advocacy perspective, the association of gender-diversity with non-hetero groups comes with it the same level of religious condemnation for “behaviors” deemed as non-gender-typical as same-sex sexual behaviors.
- Example: It’s not uncommon for religious teachings to condemn wearing clothing of a gender not assigned at birth. Reality: there is no ancient scriptural reference to women wear skirts and men wear pants. Religions are using social norms as doctrinal standards.

CONSIDER THE CULTURE IN RELIGION

- Gender, and what constitutes religiously appropriate gender behavior, can vary dramatically depending on the region of the world; These beliefs, along with the conditioned behavior and practices thereof, may be present in a session regardless of the geographic location of the sessions.
- Exercise compassion while attempting to understand the patient's beliefs on gendered behavior and where these beliefs come from.

THE US VS. THEM FALLACY

- Discussions about religious and LGBTQ+ concerns are often verbalized in a manner which treats these as two separate groups.
- Rhetoric and labels like The Gay Agenda, Gender Ideologies feed the division between people of shared principles.
- This type of "othering" feeds the narratives of less-than, evil-by-assumption, and evil-by-association. Research shows that cis/het people of faith are less likely to befriend members of the LGBTQ+ community due to fears of rejection by their family and faith community.

THE US VS. THEM FALLACY

We highly recommend watching the Brené Brown sermon given at the National Episcopal Cathedral for more information on othering, barricades of belief, and how religions are often groups of shared hatred rather than shared beliefs. This will help contextualize the continued struggle between stigmatized populations and faith communities. This video is helpful to the therapist and can be shared with the patient. <https://www.youtube.com/watch?v=ndP1XDskXHY>

EXPOSURE TO RELIGION

- It's important to consider how deeply gendered the experience of religion can be. For cisgender individuals, understanding how relatively benign expressions of gender roles or traditions in faith settings is difficult, if not impossible to understand.
- For transgender youth being raised in religious household or tradition the implicit and explicit realities of gender segregation in religions are evidence and source of significant discomfort and dissonance, raising to the level of trauma.
- The effects of these experiences are intensified dramatically for youth required to attend religious schools where gender-stereotyped behavior is crucial for reasons of personal safety.

GENDER DETERMINISM

- Nearly every major world religion presents pathways for youth to follow, leading from early childhood into later years of life. The culture of religion and social beliefs congregants often form an additional layer of doctrinal pressures on gender-diverse congregants.
- Familial expectations of attendance and compliance with religious beliefs and this additional culture layer can reinforce feelings of self-doubt, difference, and suffering.

CONVERSION THERAPIES

- Still legal in numerous states (and globally), conversion (AKA reparative) therapies are often rooted in religious dogma and attempt to alter one's sexual orientation or gender identity.
- Advances in LGBTQ+ research have shown that our orientation and gender is the result of epigenetics factors; our genes in combination with numerous environmental factors and exposures affecting gene expression in the womb set our orientation and gender prior to birth.
- Religious parents, particular of orthodox faiths are the most supportive of these treatments. The placement of their children typically comes from a place of wanting to support their child... unaware of the life-long harm these can cause.

SUICIDALITY & RELIGION

- Religion, specifically measured by religiosity, is generally shown to mitigate suicidality.
- The specific religion or religious belief appears irrelevant in this suicidality reduction, but rather three variables: Social Support, Group Cohesion, Inclusion.
- Numerous studies show implicit and explicit bias against queer individuals within Abrahamic religions. The bias has been shown to be less about religious belief, and more about resistance to change and cultural shifts in belief's about various human behaviors.

GENDER-EXPANSIVE YOUTH & SUICIDALITY

- Queer Individuals with high levels of religiosity have higher levels of mental health issues, including significantly higher instances and severity of suicidality.
- The religious protective factors against suicide straight/cis youth benefit from (social support, group cohesion and inclusion) are barriers for LGBTQ+ youth, who receive social rejection, implicit and explicit actions against them and a commonly shared experience of exclusion.
- Religiosity is directly connected to increased suicidality amongst LGBTQ+ youth.
- Approaches labeling suicidality resulting from internalized homophobia is an attempt to remove responsibility amongst institutional contributors to exclusionary policies and practices.

EVOLUTION OF RELIGIOUS BELIEFS

- As research shows that gender and orientation are rooted in genetic factors, doctrines stating being LGBTQ+ is a choice have started to dissolve.
- As awareness of the hardships and virtues of LGBTQ+ individuals and families become more prevalent, more religious congregants are beginning to accept and welcome greater diversity into their congregations.
- Changes in beliefs are measured, using support for same-sex marriage as an indicator of cultural shifts. In 2001 35% of Americans supports same-sex marriage as a right. In 2017, 62% of American support same sex marriage.
- Millennials are leaving religion at an astounding rate citing views against LGBTQ+ people as a primary factor in their distancing.

SPIRITUALITY

- For many transgender individuals who grew up in religious traditions, finding an affirming congregation can be difficult.
- Globally, there has been an increase in spirituality, defined as a connection to God without the infrastructures and bureaucracies often found within organized religions. Helping a patient shift to a more direct connection to their respective higher power has been reported to provide significant healing effects.

SPIRITUALITY

Exploring a patient's beliefs, looking for areas and opportunities for increased spirituality, engagement in activities which would be looked on favorably by their respective deity, and building a community of support of similarly minded people, perhaps with similar negative religious experiences can provide the protective factors against suicidality.

RELIGION AS A PROTECTIVE FACTOR

- Religion can be a source of social support, including and healing in affirming congregations.
- Clergy are seeking out learning and information on the LGBTQ+ community in rapidly growing numbers. Reliance on their faiths past teachings or leadership is not preparing them for serving their congregants.
- Integration of clergy into a treatment plan for a religious LGBTQ+ individual may be a beneficial consideration. Even if they are a part of faith traditions with teachings against LGBTQ+ people, clergy are still just humans... with various beliefs which may or may not align with their churches.

IS RELIGION A CHOICE?

- Right now, many religions are advocating for religious liberties; the right to refuse a service or accommodation due to deeply held religious beliefs.
- These are protections provided, as religious belief is a protected class enshrined in US law. An LGBTQ+ status is not.
- A curious paradox: If being a part of a religion is a choice and protected class, why then is a genetic trait of LGBTQ+ status not a protected class?

TREATMENT CONSIDERATIONS

RELIGION, SPIRITUALITY & TRANSGENDER

TREATMENT CONSIDERATIONS

- While allowing the patient to set the course of treatment, a mindful eye should be towards the experience of religion, and how past exposure, potential subjection to emotional / spiritual abuse, and the continued issues with members of their family / support systems holding onto unaccepting beliefs and practices.
- For those patients who have experienced a rejection from religion, the protective factors which faith and belief in a higher power have provided can become blocked.

TREATMENT CONSIDERATIONS

- Many family traditions are rooted in religious activities. Various mental and emotional conflicts can exist in what are generally seen as healthy family engagement and activities around religious holidays.
- Helping a transgender individual develop an identity rooted in spirituality and acts congruent with their underlying beliefs can repair past feelings of difference or harm in religion.

TREATMENT CONSIDERATIONS

- Explore the potential resources patients have available to them within their congregations or homes.
- Develop an awareness of the practices and terms of reparative therapy. Terms like same-sex attraction or cross-sex behaviors are rooted in conversion therapy and religious dogma. Such terms (and they do change often) can be a good indicator of a transgender individual who has been exposed to harmful dehumanization's.

THANK YOU

THIS MODULE IS COMPLETE