

Gender Identity & Faith: Clinical Postures, Tools, and Case Studies for Client-Centered Care

Mark A. Yarhouse and Julia A. Sadusky, IVP Academic, 2022.
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Wrestling with our flesh is a tough battle. We all experience mental and emotional pain when struggling to understand how we feel or who we are. This struggle is especially true of gender identity, which has become a sensitive and controversial topic in recent years. It is profoundly personal and increasingly politicized. More research and data are needed to discern the issue properly, but people need help now. In their new book, *Gender Identity & Faith*, psychologists Mark Yarhouse and Julia Sadusky offer insights to aid clinicians caring for clients with gender identity issues. Though sometimes theologically questionable, the book is a worthwhile contribution to the debate.

Yarhouse and Sadusky bring extensive academic, clinical, and personal credentials to this subject. They have previously teamed up to write other works on sexuality and gender in a Christian context. This volume is a shift from the philosophical to the practical, written for a broader audience within the mental health profession. Their purpose 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” (p. 6). The style is clear, practical, and rich with supporting resources.

Keeping this in mind, Yarhouse and Sadusky suggest that counselors must consider the meaning-making structures that function as lenses through which people see the topic of gender identity today. By understanding the lens through which clients and supporting families view gender, counselors can cultivate a balanced, client-centered, clinical approach not focused on fixed outcomes. Being client-centered means listening to clients as they sort out their gender experiences, negotiate their beliefs about sex and gender, and determine how to move forward in their family and culture. This approach leads to open-ended results that provide services rather than force results.

The book is divided into four sections. Section 1 is an overview of gender-identity therapy and key aspects of its practice. This includes understanding clinicians’ own beliefs, identifying a client’s religious perspective, and assessing gender identity in children. In section 2, the authors discuss the importance of “gender patience,” which means refraining from foreclosing prematurely on gender identity when a child expresses gender-atypical interests or behaviors (p. 60). This posture allows children the space to explore their gender behaviors and expressions while giving mental health professionals the resources to slow down the often-quick decision-making pace. Yarhouse and Sadusky urge caution when their clients and parents consider puberty blockers—moving towards this “solution” slowly rather than in haste is best.

Robert Drew, “Review of *Gender Identity & Faith: Clinical Postures, Tools, and Case Studies for Client-Centered Care*, by Mark A. Yarhouse and Julia A. Sadusky,” *Ethics & Medicine* 38, no. 1–2 (2022): 93–95.

Section 3 focuses on the authors' suggestions for caring for adolescents and adults struggling with gender identity. It offers nine therapy tools clinicians can use to help clients better understand their gender-identity story. Finally, Section 4 uses case studies to help the reader understand the concepts and their application in a therapeutic setting. Yarhouse and Sadusky hope all clients discover greater self-acceptance, improved self-worth, reduced shame around gender identity, and insight into the complicating factors of this process.

Three prominent ethical virtues appear in this book. First, compassion and unconditional love must be shown repeatedly by parents, family, and friends caring for children struggling with gender identity (p. 15). Next, empathizing with and promoting community support is crucial (p. 24). Finally, encouraging and reminding clients to be patient is vital. They need to understand who they are, their view of gender, and their emotions before making life-altering decisions. (p. 58).

Christian clinicians should consider four questions before embracing the methods shared in *Gender Identity & Faith*. These questions arise from the traditional principles of bioethics and a Christian worldview.

Beneficence: Is it in clients' best interests to allow them to achieve clinical results contrary to God's designed purpose for male and female gender? God instituted a covenant with mankind, commanding humanity to rule over the earth, subdue it, and be fruitful and multiply within it (Gen 1:26–29). At that moment, humanity had a choice to obey or disobey (Gen 2:16–17). Through the covenant, God intended men and women to flourish within his will and love. When Adam ate the forbidden fruit, he disregarded his responsibilities and leadership role while blaming God. A client that rejects their gender would not be a proper steward of God's call for mankind to rule, subdue, and flourish in creation.

Nonmaleficence: Would this approach allow harm to occur if a client chooses hormone therapy or gender-changing surgery? The human body is not only flesh but a purchased temple that must be kept holy and clean (1 Cor 6:19–20). Because our bodies are not our own, we look to God to see how he wants us to operate within them. We are called to present our bodies as living sacrifices, holy and acceptable to God, outside of the world's influence. Anything else is harmful (Rom 12:1–2).

Autonomy: Should counseling methodology emphasize client autonomy over scriptural truth? A standard definition of gender identity is "a person's self-perception of their gender (which may or may not be congruent with their biological sex)."² The key word is self-perception. Scripture teaches that men and women should abstain from any act portraying themselves as the opposite gender (Deut 22:5). While a counselor should always try to help, it would be foolish to disregard ultimate truth for finite understanding. Perfect wisdom trumps autonomy (Jas 3:17).

Justice: Do the suggested treatments equally provide the best possible outcome for every client? There is danger in applying à la carte methods to various problems. This problem is challenging when clients have different religious backgrounds and beliefs. However, every counselor can offer their clients the gospel that can change their lives (John 3:16).

This book has some questionable aspects, as it appears to infringe on core ethical principles of medical care and the various biblical virtues that undergird them. Nonetheless, the authors are honest and open about the limitations of a clinical counseling relationship. Counselors cannot share their beliefs with clients as freely as pastors and unlicensed professionals (p. 89).

In conclusion, *Gender Identity & Faith* offers a compelling and rich approach to counseling clients with gender identity issues. It is a thoughtful, gracious, and loving read that aims to help clients, their families, and the surrounding community. Despite some limitations, it is one of the best gender identity resources for counselors. Not many authors can write with such love and grace.

REFERENCES

1. Ken Magnuson, *Invitation to Christian Ethics: Moral Reasoning and Contemporary Issues* (Grand Rapids: Kregel Academic, 2020), 262.