

Case Study (Part 1)

Nearly nine months had passed since Laura Perry last saw her parents. On a Saturday night, July 19, 2007, Paul and Francine Perry's 40th wedding anniversary, Laura [age 24] joined their table at a Luby's Cafeteria in Tulsa, Okla., sporting a newly buzzed haircut and a sprouting beard.

Underneath men's clothing, she wore a chest binder and a male genital prosthesis. After minutes of awkward small talk—Laura spoke with a deepened voice—Paul excused himself to the restroom. Francine leaned in: "Laura, are you trying to look like a man?" To her own surprise, Laura burst into tears. To everyone else in her life, she was now Jake. That night, she pushed back the unwanted tears and her parent's concerns. She convinced herself she was born in the wrong body.

For months, Laura had been injecting testosterone into her thigh muscle every two weeks. Her goal was to erase Laura: the gender dysphoria, rejection, self-loathing, and sexual brokenness. She legally changed her name to Jake, a character she came up with in fantasy stories she wrote as a child. She chose the middle name Nathan, after a brother she never met (Francine miscarried two sons in the two years leading up to Laura's birth).

SMALL GROUP EXERCISE

How would you respond if you were the parents?

1. What would be the best immediate response?
2. How would this new information about your daughter impact your relationship going forward?
 - a. Describe your thought process.
 - b. What would you say? What conversations would you initiate?
 - c. What would you do? Would she be welcome at family events?
 - d. What other impacts do you foresee?
3. Suppose your daughter never changes.
 - a. What will be your long-term response?
 - b. Will your response change as time goes on?
 - c. What will that relationship look like after 6 weeks ... 5 years ... 10 years?

Keep in mind the following characteristics that ought to mark our church family.

1. A *compassionate* community: Not showing partiality (James 2:1-5)
2. A *listening* community: Be quick to listen and slow to speak (James 1:19).
3. A *convictional* community: A commitment to Biblical truth (2John 4-9)
4. A *steadfast* community: Loving one another through the hard times and for the long haul with gentleness. Bear one another's burdens. Do not grow weary of doing good (Galatians 6:9).
5. A *gracious* community: *Be kind to one another, tender-hearted, forgiving one another, as God in Christ forgave you* (Ephesians 4:32).

Case Study (Part 2)

When Laura announced she was Jake [around age 24], a local LGBT support group in Tulsa “praised me as if I was a hero.” She latched onto a new partner, a man 27 years older than her who identified as a woman. In the next three years, Laura underwent a double mastectomy and chest masculinization surgery. She had all her female organs removed. She considered a phalloplasty, a series of cosmetic surgeries to replicate male genitalia using skin from the forearm. At \$100,000, the procedure was too costly. Even though it represented the completion of her transition, in Laura’s mind it frightened her.

With each surgery and whenever Laura “passed” as Jake, she said, she felt a euphoric high. But the dysphoria and a deep, lingering depression always returned: “It became a vicious cycle.” As time wore on, Laura grew weary of lying about her childhood, of anxiety over whether she passed as male, of injecting herself with testosterone, of a recurring infection from wearing a male prosthesis, of trying to pee standing up in the men’s bathroom and leaking on herself. What promised freedom became a prison cell. “I was haunted by the fact that this wasn’t real,” she said.

SMALL GROUP EXERCISE

Imagine that “Jake” (aka Laura) is your next-door neighbor. She/he shares this information with you. She/he also expresses an interest in attending Sunday morning worship with you. How will you respond to her/him?

1. How will you convey compassion?
2. What will be your approach for being “quick to listen and slow to speak” (James 1:19)?
3. When/how will you tell her/him what the Bible has to say?
4. Suppose she/he still wants to attend worship with you but shows no interest in changing. How long will you continue to interact with her/him? Will you set limits or have stipulations for continuing your acquaintance with her/him?
5. Let God’s grace in your own life influence your interactions.
 - a. What attitude would you strive to attain?
 - b. Will you share your own struggles with sin? If so, how? If not, why not?
 - c. In what visible ways can you express your love for Laura/Jake?
6. What will you do about her/his interest in attending Sunday morning worship with you.
 - a. Will you invite her/him?
 - b. Will she/he ride in your car with your family or will you ask her/him to drive separately?
 - c. How will you introduce her/him? ... as him or her? What else will you say about her/him?

Case Study (Part 3)

LAURA'S DESIRE TO ERASE her womanhood started long before she typed "girl becoming a boy" into a Google search in her mid-20s. Francine [her mother] suffered two traumatic late-term miscarriages—boys they named Jeffrey and Nathan—before learning she was pregnant with Laura at an appointment to get her tubes tied. When Laura heard that story as a girl, she already felt a strained relationship with her mom. Francine said she struggled as an overworked mother to connect with Laura, a willful and hyper tomboy who preferred her dad and older brother.

When Laura was 8, her best friend's brother molested her. She knew internally it was wrong but blamed herself and kept it a secret. With little understanding of puberty, Laura spent two years thinking she could be pregnant. When the same boy later rejected her, a seed was planted in Laura, and she began to resent being a girl: "I saw boys as having the power to withhold this incredible gift."

She started dressing in her older brother's hand-me-downs and envisioning herself as a male character in video games and in stories she wrote. She became obsessed with her teddy bear, "Chris," who she imagined listened to all her secrets and knew her as a boy. [During this season of her life Laura never told her parents she was molested.]

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Case Study (Part 4)

When she was age 9, a 13-year-old boy took Laura into the woods and made out with her. He inappropriately touched her on another occasion. She said the shame and secrecy caused her to distance herself from a once-close relationship with her dad.

Meanwhile, Laura went through puberty at age 11. She grew to despise her female body as she gained weight and experienced sporadic but painful periods. At 14, Laura experienced a ruptured ovarian cyst and was diagnosed with polycystic ovarian syndrome. A doctor told her she would never have children.

Laura sought more attention from boys and sexual experiences. This set the stage for a series of boyfriends, including one Laura was temporarily engaged to at age 16, who later rejected her. In her late teens and early 20s, Laura became addicted to pornography, dabbled in Satanic rituals, and joined adult hook-up websites, continuing to give herself sexually to men.

During those years, Laura said, the feeling that she should have been a boy never left. In her early 20s, she learned about transgenderism on the internet, including hormonal and surgical interventions that she believed could make her a man. It felt like a dream come true. To obtain cross-sex hormones, Laura was told she had to meet with a therapist three times. At one point, the therapist suggested she had issues with her mother but still signed the papers so Laura could begin taking testosterone.

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Case Study (Part 5)

IN 2016, LAURA EMBRACED God's design for her as a woman. It meant leaving her partner of eight years, a high-paying tech job, her home in Tulsa, and an identity she lived for nearly a decade. She shaved her beard for the first time in five years. When she stopped taking testosterone, she experienced withdrawal symptoms, including massive headaches that left her curled in a fetal position. She recalls venturing into the women's clothing section at Kohl's and trying on a dress. The mirror reflected a flat, hairy chest, a short haircut, and a five o'clock shadow: "I was horrified by what I had done to myself."

At age 39, Laura still shaves her face every morning. She will never be able to have children. She has an upcoming appointment to find out if she is a candidate for breast reconstruction surgery. She has suffered from muscle spasms and cognitive and memory loss she believes are connected to taking testosterone. She has back problems stemming from wearing a chest binder every day for years.

SMALL GROUP EXERCISE

Laura is now a member of your church. Consider what it means to embrace her into your church family.

1. What can/should the leadership do to foster her inclusion? Be specific and concrete.
 - a. What can they do initially?
 - b. What might be some stages/phases of rooting her in the church family?
 - c. What should they continue to do over time?
2. What should "someone" (or group of *some-ones*) do to foster her inclusion? (Maybe you are not the right person because of your gender or other logistics, but *someone* should....)
 - a. What can they do initially?
 - b. What might be some stages/phases of rooting her in the church family?
 - c. What should they continue to do over time?
3. What can you and any/every church member do to foster her inclusion?
 - a. What can they do initially?
 - b. What might be some stages/phases of rooting her in the church family?
 - c. What should they continue to do over time?

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