

THE CHURCH'S RESPONSIBILITY TO THOSE EXPERIENCING GENDER DYSPHORIA

- I. What is Gender Dysphoria? *The Church* identifies gender dysphoria as the distress that a person experiences when one's sexual understanding of self is at odds and conflicts with one's biological sex. For example, a biological male experiences himself as a female or a biological female experiences herself as a male. *Medicine today*, on the other hand, defines gender dysphoria as follows: "Gender dysphoria occurs when there is a conflict between the sex you were assigned at birth and the gender with which you identify. This can create significant distress and can make you feel uncomfortable in your body."¹

Note that the Church teaches that God and nature are responsible for one's sex. *Medicine today*, conversely, states that a doctor and/or parents are responsible for "assigning" sex. This is precisely why a person is free to "unassign" their sex at a later date, and then to "transition" psychologically, emotionally - and even surgically - to another sex.

According to the Williams Institute at UCLA, 1.6 million Americans identify as transgender. This is less than ½ of 1% of the population. Of this 1.6 million people, 300,000 are children (13-17). Among transgender adults, according to the Institute, 39% identify as women (m → w); 36% identify as men (w → m); and 25% identify as non-binary.² The National Center for Biotechnology Information at the National Institute for Health reports: "In general, gender confirming surgery (GCS) is more common in transgender men than in transgender women ... Transgender men self-report GCS prevalence at rates of 42–54%, while transgender women report it at around 28%." The center also states that 25% of those who identify as transgendered undergo some form of GCS.³

II. What Medical Interventions Are Recommended for Gender Dysphoria Today⁴

Today's psychology and medicine recommend four therapies, often in this staged provision.

- *Affirming Psychotherapy*. This is a matter of "(1) affirming patients in the perception that they are the wrong sex and (2) encouraging patients to transition socially by using preferred names and pronouns and by expressing themselves in ways (clothing, hairstyles, manner of speaking) that align with their perceived gender identity."⁵
- *Puberty-Blocking Hormones*. "These hormones are prescribed for the direct and intended purpose of preventing the onset of puberty. The rationale for doing this include (1) offering the child more time to discern his or her true sex and (2) preventing sexual maturation so as to facilitate future transitioning."⁶
- *Cross-Sex Hormones*. "The next step in the transitioning process for children and adults is the administration of cross-sex hormones, generally estrogen for men and testosterone for women. These hormones act to suppress the natural functioning of a

¹ Definition from Boston Children's Hospital. Other medical/psychological groups state the same in different ways.

² <https://williamsinstitute.law.ucla.edu/publications/trans-adults-united-states/>. The National Center for Transgender Equality (transequality.com) states, "[S]ome people have a gender that blends elements of being a man or a woman, or a gender that is different than either male or female. Some people don't identify with any gender. Some people's gender changes over time."

³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6626314/>. Note that Gender Confirming Surgery (GCS) = Sex-Reassignment Surgery = Gender Assignment Surgery (GAS). Various groups use different terminology.

⁴ Much of the material in sections II and V of this presentation is taken from Jozef Zalot's "Transgenderism and Interventions for Gender Dysphoria" in *Catholic Health Care Ethics: A Manual for Practitioners, Third Edition*, Edited by Edward J. Furton, The National Catholic Bioethics Center (NCBC), Philadelphia, 2020. Hereafter, *CHCE*.

⁵ *CHCE*, p. 37.6.

⁶ *Ibid.*, p. 37.7. Note: Given that these hormones are prescribed to pre-pubescent children, NCBC states that this therapy "constitutes mass experimentation on children ... [and] is a form of child abuse" (p. 37.8).

healthy human body and cause it to take on the physical characteristics of the opposite sex.”⁷

- *Sex-Reassignment Surgery (SRS)*. “SRS seeks to alleviate dysphoria by directly and intentionally altering or removing healthy organs and tissue so that the body physically reflects the person’s preferred gender. Procedures are performed on the primary sex characteristics (reproductive organs) as well as secondary sex characteristics (breasts, Adam’s apple, etc.).”⁸

III. What Is the Church’s Responsibility to Those Who Experience Gender Dysphoria? To Attend Pastorally with the Truth about the Human Person, with Compassion, with Accompaniment and with Assistance

- *Profess the Truth of the Human Person*. At the heart of the Church’s pastoral and moral activity is the recognition of *the nature and the dignity of the human person*. Every one of us was created by God, made in God’s image, and is loved completely by God. Each of us is unique and unrepeatable. As a consequence, even in situations in which people embrace truths or actions contrary to those of reason and of faith, the very dignity of the human person calls on us to respect and to ensure justice for them, and, with love, to draw them more fully into the communion of the Church founded by the Lord Jesus.
- *Compassion*. Those who experience gender dysphoria, especially children, are beset by confusion and distress about themselves, very often accompanied by bullying, ridicule and marginalization. Our first response must be to *welcome them into the love of Christ*. These brothers and sisters need to feel deeply respected and cherished. We should sympathize with their pain, listen attentively and with great patience to the confusion they are experiencing, and love them for whom they are - true sons and daughters of God, and, therefore, as our own brothers and sisters in Christ.
- *Accompaniment*. Along with a compassionate welcome to these hurting brothers and sisters, we need to help them to see that *we will not abandon them*. We should readily commit to helping them walk through and resolve the challenges and the distress they are facing and feeling. Our message to them is very simple: “You are not alone. We love you and we are here to accompany you and to help.” When any of us face challenges in life that cause distress and suffering, Pope Benedict XVI reminds us, “It is not by sidestepping or fleeing from suffering that we are healed, but rather by our capacity for accepting it, maturing through it and finding meaning through union with Christ who suffered with infinite love.”⁹ We need to bring this truth to our brothers and sisters who suffer from gender dysphoria. Moreover, we, as pastoral ministers, must always lead our suffering brothers and sisters to the truth, because they are ordered by God and have a right to the truth. The Congregation for the Doctrine of the Faith reminded the bishops of the Catholic Church in 1986: “[W]e wish to make it clear that departure from the Church’s teaching, or silence about it, in an effort to provide pastoral care is neither caring nor pastoral. Only what is true can ultimately be pastoral.”¹⁰
- *Assistance*. Contrary to the advice that the medical community is offering our brothers and sisters who experience gender dysphoria, the remedy for their suffering is not an emotional and/or physical transitioning from one sex to another, but a psychological

⁷ Ibid., p. 37.8

⁸ Ibid., p. 37.9

⁹ *Spe Salvi* (Saved by Hope, 2007), §37.

¹⁰ *Letter to the Bishops of the Catholic Church on the Pastoral Care of Homosexual Persons*, §15.

evaluation and clarification of why they are experiencing this dysphoria.¹¹ *They need to know the truth about themselves: that they are created and loved by God* - and that even though their souls and bodies, like ours, are wounded by original sin, God's love for them is never weakened or diminished. We have an obligation to present these brothers and sisters with the names and contact information of competent Catholic psychiatrists and psychologists to assist them in their distress and to help them to come to a more truthful and, therefore, healthy sense of self.¹² Along with this practical advice for professional counseling, we should heal our suffering brothers and sisters by leading them to a deeper encounter with the Sacraments of the Church.

IV. What is the Church's Responsibility to the Families and Friends of Those Experiencing Gender Dysphoria? Show Genuine Interest, Don't Barge in, Renew Offers to Listen

Archbishop Paul Coakley of Oklahoma City offers very good advice here.¹³

"It is always heart wrenching to see a child in pain. There aren't quick fixes to gender dysphoria, but through unconditional love, patience and humility, families can navigate these tough topics.

"I encourage parents to become curious and to ask gently about what their child is experiencing. The idea isn't to interrogate but to better understand. Questions like:

In what way do you feel like [the opposite gender/both genders/neither gender]?

When is the earliest/first time you remember feeling this way?

Are there situations where that desire feels stronger?

Are there situations where the pain of the struggle lessens?

How does your faith influence your thinking on this topic?

Are you considering your faith in relation to this topic?

"These questions can start important conversations that help children and young people better understand themselves as well as help them feel heard, known, and loved.

"As young people continue to sort through feelings and experiences, the conversation can be ongoing. Keeping in mind that gender does not make up the whole of anyone's life or identity, these conversations should only be a fraction of what parents discuss. If a child doesn't want to engage in such conversations, please respect that choice, but continue to check in and offer to listen. If a child believes a parent will listen with empathy and without judgment, he or she will be more likely to share experiences and concerns."

V. What Is the Church's Responsibility to Society and to Its Invented Cultures and Ideologies? It Is to Tell the Truth about Human Life Courageously and Prophetically.

What are the truths about gender dysphoria that you and I need to proclaim prophetically and with courage?

- *Both Reason and Faith Teach that the Human Being Is a Body-Soul Reality.* The human person is *one* substance with the two dimensions of body and soul. Ancient and medieval philosophy well recognized that the human person is a body-soul composite. This truth was accepted almost universally in the West until Rene Descartes (d. 1650)

¹¹ Fr. Tad Pacholczyk of the NCBC often gives the example that just as a doctor would not in good conscience put a person with bulimia on a radical diet requested by the patient but treat the patient's psychiatric disorder, so also should medicine and psychology treat gender dysphoria.

¹² CatholicTherapists.com is a good online directory of Catholic therapists who are faithful to the Magisterium.

¹³ Most Rev. Paul S. Coakley, *On the Unity of the Body and Soul: Accompanying Those Experiencing Gender Dysphoria*, April 30, 2023, p. 6.

declared the body and the soul to be separate substances. This, of course, led to the rise of schools of Rationalism and Empiricism, to the false reduction of reality to either mind or matter. “The Church teaches that the human person is a body-soul union, and thus she rejects any dualistic ideology that proposes a self [a gender] separate from the body.¹⁴ It also teaches that the body is a gift from God that we cannot treat as a ‘piece of property’ or ‘manipulate ... as a thing or an instrument over which one is master and arbiter.’ By definition, transgenderism and gender ideology do both.”¹⁵

- ***Both Reason and Faith Teach that Sex in Human Beings is Binary.*** Though it can occur that some people experience dysphoria between their biological sex and their perceived sexual identity because of a disconnect between the development of the brain and the development of the sexual faculty, contrary to a growing ideology that sex is fluid and that “intersex” people¹⁶ exist both science and theology recognize that human beings, with rare exceptions, exist as male and female. Reason (i.e., science) sees this in the XX and XY reality of the female and the male respectively. Faith recognizes that “God created man in his own image, in the image of God he created him; male and female he created them” (Gen 1:27). Sexual difference is willed by God. God created man and woman to complete each other, and together they manifest what it is and means to be a human person.¹⁷
- ***Both Reason and Faith Should Challenge Compellingly the Falsity of Gender Ideology.*** “In the end there is no definitive evidence that affirming psychotherapy, puberty-blocking and cross-sex hormones, or surgical reassignment procedures offer effective treatments for gender dysphoria.¹⁸ In fact the evidence seems to indicate the opposite, particularly when one considers ‘de-transitioning.’¹⁹ Transitioning interventions are unproven, dangerous, and based in subjective opinion rather than scientific data. In addition, they support and are the natural consequence of an ideology that is radically opposed to Catholic anthropology. For these reasons, and others, such interventions should not be practiced within the medical field and certainly not within Catholic health care.”²⁰ The *Compendium of the Social Doctrine of the Church* teaches: “*This social doctrine also entails a duty to denounce*, when sin is present: the sin of injustice and violence that in different ways moves through society and is embodied in it. By denunciation, the Church’s social doctrine becomes judge and defender of unrecognized and violated rights, especially those of the poor, the least and the weak. The more these rights are ignored or trampled, the greater becomes the extent of violence and injustice (§81).

¹⁴ *Catechism of the Catholic Church*, #364-365. See also “Male and Female He Created Them,” Vatican Congregation for Education, 2019, and the 2023 *Doctrinal Note on the Moral Limits to Technological Manipulation of the Human Body* by the USCCB Doctrine Committee.

¹⁵ *CHCE*, p. 37.5

¹⁶ “Intersex is a group of conditions in which there is a discrepancy between the external genitals and the internal genitals (the testes and ovaries). The older term for this condition is hermaphroditism” (medicineplus.gov). Some authors cite the existence of this group of conditions as proof that human sexuality is not binary (male-female) but fluid (on a spectrum). Yet, the intersex condition shows up as a very small exception to our natural sexual constitution as male or female and, therefore, does not prove or explain our sexual constitution or sexual nature as fluid.

¹⁷ Both Edith Stein (St. Teresa Benedicta of the Cross) and Karol Wojtyła (Pope St. John Paul II) contributed greatly to this teaching of the complementarity of man and woman. See, for example, Freda Mary Oben’s English volume of Edith Stein’s *Essays on Women* (1996) and Michael Waldstein’s editing and English translation of Pope John Paul’s 1979-1984 weekly audiences on the “theology of the body” (2006). Reference should also be made to the fine work of Sr. Prudence Allen, RSM, on human complementarity. See her *The Concept of Woman* in three volumes (1997, 2006, 2017).

¹⁸ Father Tad Pacholczyk of NCBC states that just as medical doctors would not put a person suffering from anorexia on a radical diet because that person thought himself or herself too fat and asked for that kind of diet, so also must they respond to the person with gender dysphoria. This, like anorexia, is a psychological issue, not a physical issue, and must be treated as such.

¹⁹ Detransition is the reversal or giving up of a transgender identity for a return to and embrace of one’s biological identity. NCBC states, “Yet medical professionals within the American Academy of Pediatrics (AAP) and the World Professional Association for Transgender Health (WPATH), among other organizations, condemn such efforts, and clinicians who pursue such therapies (even in children) are persecuted and forcibly removed from jobs” (*CHCE*, p. 37.7).

²⁰ *Ibid.*, p. 37.11. The bishops of the United States decided in 2023 that they will address the issue of gender dysphoria in their next edition of the *Ethical and Religious Directives*. Two very good resources on this topic that reference other resources on gender dysphoria and care for those who suffer it are the *Ethics and Public Policy’s* website, personandidentity.com, and Jason Evert’s website, chastity.com.