

Brief Statement on Transgenderism

The National Catholic Bioethics Center

Abstract. The claim that it is possible to change one's sex, or that sexual identity is fluid, contradicts scientific evidence, reason, the nature of the human person, and key tenets of the Catholic faith. A small number of persons claiming to be "transgender" mistakenly believe that their true self and sexual identity contradict the sex of their bodies. They frequently experience profound suffering due to intense psychological distress and due to the challenges of forming a healthy self-identity and basic human relationships, including friendships and marriage. Hormonal and surgical interventions, and other behaviors and practices that attempt to validate mistaken beliefs to relieve distress and suffering, are inappropriate responses to their condition. Persons claiming to be transgender must be accompanied on their difficult journey with true charity, and should be offered ethical, effective therapies based on sound anthropology and scientific evidence. The National Catholic Bioethics Center offers considerations to facilitate appropriate efforts to accompany and to help such persons. *National Catholic Bioethics Quarterly* 16.4 (Winter 2016): 599–603.

The notion of being able to change one's sex, most radically through surgical intervention, has increasingly become a part of public awareness and social discourse. The boldness of the gender ideology movement has now brought it to the forefront.

Resolutions and policies of medical associations and legislative and regulatory actions promote so-called gender affirmation and gender transitioning, even in pre-pubescent children, and mandate the compliance of schools, health care providers,

This essay is the result of an initial analysis by the ethicists of The National Catholic Bioethics Center, drafted in response to numerous requests from individual Catholics and Church leaders. As a statement signed by the ethicists of the Center, it represents the official position of the NCBC.

health care payers, social services, and others. Such regulations are coercive and based on a false understanding of human identity. Gender transitioning insists on affirming a false identity and, in many cases, mutilating the body in support of that falsehood.

Human Anthropology and Gender

Gender transitioning is the attempted exchange of one's unambiguous, clearly defined sexual identity as male or female for the other sex: a male attempting to alter himself to become female, or a female attempting to alter herself to become male. For the purposes of the present statement, it should be stressed that we are not addressing the complicated cases where various congenital disorders of sexual development result in uncertainty regarding a person's biological sex, for example, situations involving ambiguous genitalia. The person seeking to transition, as we are using the term, essentially believes that he or she is in the "wrong body": a male trapped in a female body or vice versa. The experience of anxiety or unhappiness associated with this conviction is referred to as gender dysphoria.

Gender transitioning, involving behavioral, hormonal, or surgical treatments, or a combination of these, is coming to be broadly accepted as a form of "therapy." The concept of gender transitioning, however, stands in radical opposition to a proper understanding of the nature of the human person. It presupposes that there is a "self" that is separate from the body, which happens to find itself in a body and which might therefore be in the wrong body. Yet the human person is a full body-soul unity, not a "ghost in the machine" or a spirit inhabiting the body. A particular person does not merely *have* a body: he or she *is* that body. In the words of Pope St. John Paul II, the "human body expresses the person."

In short, a person's sex is manifested by the body in accordance with how the person has been created, and so it cannot be in conflict with any truer or deeper sexual identity contrary to that bodily sex. This is a foundational anthropological point that no medical association or political ideology can overturn. The psychological experience of a disconnect with one's bodily sex is not to be minimized; it calls for appropriate psychotherapy, but it can in no way be reflective of an "incorrect" sex.

Given this understanding of what it means to be a human person, a body-soul unity whose innate sexual identity is reflected in the person's biology, it should be clear that no surgical, hormonal, or other intervention directed toward the body is capable of altering that innate sexual identity. Taking up or engaging in behavioral changes, including mannerisms, social cues, clothing, or modes of speaking that social mores ascribe to the opposite sex, does not alter the innate sexual identity of the embodied spirit, which is the human person. Hormonal interventions to block the body's sex-specific hormones or provide the sex-specific hormones of the opposite sex likewise alter nothing of a person's innate sexual identity. The use of puberty-blocking hormones in children with gender dysphoria is particularly dangerous, since this intervention radically disrupts the normal sequence of physical and psychological development that occurs during adolescence. One cannot simply "reverse" what has been done if the individual should change his or her mind.

So-called sex reassignment surgeries of any kind, designed to give the body an appearance with more of the culturally expected qualities of the opposite sex, also cannot modify the true sexual identity of the person, who was created male or female. Attempts at gender transitioning can, in fact, have disastrous effects in the life of a person who continues to struggle to better understand and accept his or her own true value and full identity. Studies show that the surgical interventions do not ultimately resolve feelings of anxiety and dysphoria and appear to lead to a significant increase in attempted or completed suicides.¹

Ethical Implications

The anthropological reality—that a person’s innate sexual identity cannot be changed—has moral consequences. Human persons act against their own good when they directly intend what is contrary to their own nature, purpose, and identity and thereby impair their flourishing. An act that is incapable of being ordered to the good of the person will not bring about individual flourishing: under no circumstances can it be consonant with the person’s genuine fulfillment. Directly intending to transition one’s given bodily sex into a “new” one (even though this may be perceived as the “real” and “true” one) means intending to alter what is unalterable, to establish a false identity in place of one’s true identity, and so to deny and contradict one’s own authentic human existence as a male or female body–soul unity. Such an action cannot be consonant with the good of the whole person. While many circumstances and influences may significantly mitigate personal culpability, gender transitioning raises significant moral concerns and always involves actions that are objectively directed against one’s own good.²

The fact that gender transitioning via behavioral, hormonal, or surgical interventions does not ultimately contribute to human flourishing has various moral repercussions in the practical order. For example, the following kinds of acts are harmful to the good of the person and may never be legitimately carried out, approved, or promoted: sex reassignment surgeries of any kind, which amount to nontherapeutic mutilations; the administration of cross-sex hormones as a means of gender transitioning in themselves, or in preparation for sex reassignment surgery; the administration of puberty-blocking hormones to children as a means of transitioning because of gender dysphoria or other sexual identity issues; and the adoption of behaviors, clothing, mannerisms, names, or pronouns typical of the opposite sex

1. Lawrence S. Mayer and Paul McHugh, “Sexuality and Gender: Findings from the Biological, Psychological, and Social Sciences,” *New Atlantis* 50.3 (Fall 2016): 67.

2. Gender “transitioning,” as used here, excludes interventions aimed at correcting congenital disorders of sexual development or reinforcing the best understood biological sex of a person with ambiguous genitalia or other ambiguous sex characteristics or behaviors. These may be and often are morally licit. The term also excludes any actions by which a person simulates characteristics of the opposite sex but without the intention of “becoming” that sex, such as cross-dressing, acting, imitating, or otherwise impersonating the opposite sex while still understanding and accepting one’s actual innate sexual identity.

with claims to be (and therefore demands to be treated as) a person of the opposite sex. Obviously, the most grave of these actions is mutilating surgery.

Catholic Health Care

In light of the scientific evidence showing that “transitioning” has no demonstrated long-term therapeutic benefit, and in light of Catholic teaching about the nature of the human person, no Catholic health care organization should establish policies that positively affirm the choice of any behavioral, hormonal, or surgical gender transitioning of patients, personnel, or other persons served by the organization. In addition, no Catholic health care organization should require its personnel to carry out, promote, refer for, or otherwise cooperate formally in procedures involved in gender transitioning, especially surgical or hormonal interventions; require the use of pronouns or sex-specific identifiers that are explicitly contrary to a person’s biological sex; or otherwise require the affirmation of a false sexual identity for any persons who are or who are planning on transitioning.

The challenge of addressing this new phenomenon of transgenderism extends, both in charity and in justice, to the rest of the Church’s pastoral ministries. Clearly, promoting the deceptive view that mutilation is a treatment for gender identity disorder is an injustice to the individuals involved and creates scandal for the larger community in the technical sense of leading others to sin. A greater challenge for agencies sponsored by the Church is to address the holistic needs of transgender persons who are seeking, not direct support for sex reassignment, but pastoral care, other services, and full participation in the life of the Church.

Catholic Educational Institutions

Educational ministries of the Church are under increasing external pressure to treat students consistent with their self-selected gender identity, in education records, forms of speech (use of pronouns and names consistent with the self-selected gender), participation in school activities and sports, and access to bathrooms and locker rooms.

Many schools are parish sponsored, and the pastor is “to have particular care for the Catholic education of children and youth. He is to make every effort, with the collaboration of the Christian faithful, so that the message of the gospel comes also to those who have ceased the practice of their religion or do not profess the true faith.”³ All religious education is subject to the authority of the Church. Clearly, cooperating in the “transitioning” of youth is inconsistent with these obligations.

The moral issue for Catholic schools is that they cannot participate in or promote the denial, or perceived denial, of the biological sex with which a child has been endowed by the Creator. Altering the name on school records, using “he” for a student born female or “she” for a student born male, and permitting a student to wear the uniform of the opposite sex do not truly serve the good of the student and his or her flourishing. Privacy needs can be met without allowing students access to the bathrooms or locker rooms reserved to those of the opposite sex.

3. Code of Canon Law, can. 528 § 1, in *Code of Canon Law: Latin–English Edition* (Washington, DC: Canon Law Society of America, 1999).

Employment policies of a Catholic educational institution should also exemplify the mission of a ministry of the Catholic Church. Its teachers are to be outstanding in correct doctrine and integrity of life.⁴ There is a special obligation on those responsible for religious instruction and on the diocesan bishop for oversight.⁵ Catholic laity assist in carrying out the ministries of the Church, but they are to “live according to this doctrine, announce it themselves, defend it if necessary, and take their part in exercising the apostolate.”⁶

Finally, it is necessary to define the roles and obligations of employees so as to exemplify and foster the mission of the ministry and to challenge violations of the religious liberty of the sponsors when these role definitions are not respected. No Catholic entity should submit to an immoral government mandate.⁷

The Need for Accompaniment

It is clear that those with gender dysphoria suffer greatly and must be treated with great compassion and sympathy. However, the attempt must be made to dissuade them from actions that ultimately will not contribute to their individual flourishing and may cause irreversible harm. We must always be with them in their difficulties and help them make truly therapeutic choices. Even when they have engaged in actions that have done irremediable harm, we must continue to accompany them and show them the love and compassion of Christ.

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4. Can. 803 § 2.

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6. Can. 229 § 1.

7. Similar issues exist for Catholic higher education, which should exercise every right of refusal under state and federal Religious Freedom Restoration Acts, as well as the exemption from Title IX of the Education Amendments of 1972. Institutions sponsored by religious organizations are exempt from sex discrimination provisions if their application would be inconsistent with the religious tenets of the organization: 20 USC § 1681(a)(3).