

H. SPECIFIC ISSUES IN HUMAN GROWTH AND DEVELOPMENT: **PASTORAL RESPONSE GUIDELINES**

H. 6 GENDER DYSPHORIA

PRAYER | PRAYER OF ABANDONMENT: BL. CHARLES DE FOUCAULD

*Father,
I abandon myself into your hands;
do with me what you will.
Whatever you may do, I thank you:
I am ready for all; I accept all.
Let only your will be done in me,
and in all your creatures -
I wish no more than this, O Lord.*

*Into your hands I commend my soul:
I offer it to you with all the love of my heart,
for I love you, Lord, and so need to give myself,
to surrender myself into your hands without reserve,
and with boundless confidence,
for you are my Father.*

Amen.

GENERAL CONSIDERATIONS

Note: A review of sections G. 1, 2, and 3 helps support appropriate communication.

1. Human sexuality is a matter of imaging God (Gen 1:27). Sexuality is therefore good. The sexual difference—female and male—is a matter of imaging God and is also good.
2. The human person is one body-person. There is no theological or scientific basis for a claim to be of a different sex than the sex expressed bodily, except in some very rare cases of intersexuality.
3. The large majority of children who experience gender dysphoria will no longer experience it after puberty.
4. Gender dysphoria is correlated with an unusually high rate of self-harm and suicidal thoughts.

5. Post pubescent gender dysphoria is often linked to homosexuality. However, these are distinct issues. Students experiencing gender dysphoria may or may not also experience same-sex attractions.
6. Read and understand the CISVA Policy 431 *“School policy regarding Gender Dysphoria.”*
7. Review CISVA Policy 407 *Student Code of Conduct*, Policy 408 *Anti-Bullying*, and Policy 410 *Student Groups and Organizations*.
8. Recognize that the Church’s teaching on sexuality is based on its understanding of the dignity of the human person, marriage, and the purpose of life.
9. Appreciate that to speculate openly about a person’s sexual inclination or gender identity is gossip and damages relationships.

UNDERSTANDING THE TERMS:

- **Sex:** while this term refers to the sexual act, it also refers to a person’s state of being male or female. It is increasingly common in Western culture to deny that there are two sexes and to promote the theory of “gender identity” according to which there are multiple genders. Gender theory has no theological or scientific basis.
- **Gender:** the term “gender” originally meant simply “class” or “sort.” It later came to distinguish classes of nouns in grammar - masculine, feminine or neuter. In common language today, it is often synonymous with “sex,” male or female. However, since the late 1960’s, gender theory has promoted the idea that sexual identity is determined otherwise than by biology, i.e., by either social conditioning, sexual orientation, or subjective self-experience (as in gender dysphoria).
- **Gender dysphoria (GD):** the mild or strongly felt distress caused by the subjective perception that one’s internal gender identity does not match one’s external sexual organs.
- **Transgender:** Transgender is an umbrella term for persons whose gender identity, gender expression or behaviour does not conform to that typically associated to the sex to which they were assigned at birth. (APA)
- **Transsexual:** more commonly referred to as transgender; the perception that one’s internal gender identity is in some way in contrast to one’s external sexual organs, e.g., “a boy in a girl’s

body.” This is usually (but not always) the cause of psychological distress. Transsexuality (a sexual identity issue) is distinct from homosexuality (a sexual orientation issue), although many trans persons identify as gay or lesbian as well.

- **Cisgender:** the perception that internal gender identity and external biological sex match.
- **Transvestite:** a person who dresses in the clothing of the opposite sex. There is not necessarily any link between transsexual and transvestite experiences or self-perceptions.
- **Intersex:** originally called hermaphroditism and more recently called Disorders of Sexual Development; a group of conditions in which there is a discrepancy between external and internal genitals (one is male, the other female), or a person has both male and female external or internal genitals, or has chromosomal abnormalities such as 47, XXY or 45, X0 (rather than the normal 46, XX or XY). Most intersex persons do not suffer from GD. Intersex is a scientifically verifiable condition, although in some cases this verification can only occur post mortem.

(These terms are continuously disputed by gender theorists amongst themselves, so if you now feel linguistically distressed, you are in good company.)

CHURCH TEACHING

- All persons are created in the image of God, and so all have dignity.
- Christ welcomes and includes all persons, and so does his Church.
- Welcome and inclusion includes welcome into the truth. It does not mean welcome and inclusion on terms that harm the person and the community. It *does* mean showing the same deep compassion that Christ showed for the burdens that others bear.
- The human person is a *unity* of body and soul. The person’s soul or spirit is expressed physically as a body.
- Except in the very rare cases of intersexuality, the human person is created as either male or female. Both in soul and body, the person is masculine or feminine. The two forms of human sexuality are two ways of imaging God, and the complementarity of male and female is also a way of imaging God.
- Due to our fallen human nature, human persons experience various ways in which things do not ‘work according to design.’ These include numerous challenging conditions. One of these challenges is the experience of gender dysphoria.

- So, there can be—and there are—persons who are intersex, whose genetics or brain or body - morphology do not match. There can be, for example, a person with an XX genotype or a female brain who has male genitals and secondary sexual characteristics.
- Gender dysphoria shows us that in rare cases even when a person’s body clearly indicates that they are either male or female the person may have a different self-perception. This is because sometimes things do not work ‘according to design’ – at the level of self-perception.
- There can be challenges to the design of any aspect of human nature including the way a person’s sexuality develops: psychologically, bodily, genetically, and so on. We can expect that there will be transgender, intersex and homosexual persons in the world and in the Church.
- God always wills to create each existing person and permits the various challenges that we experience in our ‘fallen’ nature, but God does not *cause* the challenges. God always assists us in our challenges and joins both us and our challenges to himself.
- The *person* is not the challenge. We all *have* challenges. Neither is the *person* somehow disordered or ‘gone wrong.’ The person is created in the image of God, and while having a fallen nature, each person is good and designed as an image of God.
- There cannot be such a reality as a ‘man trapped in a woman’s body’—not in the sense that the person/soul/spirit is one sex while the body is the other. The person is unity of body and soul—and the body cannot be sexually opposed to the soul. Further, the Church affirms that, scientifically, there are no grounds for claiming a person can be one sex spiritually while being another physically, given that the only evidence of the spiritual is the physical. However, in some rare cases, a person can have brain structures commonly found in females while having male genitalia and secondary sexual characteristics such that they may feel like their soul and body do not correspond.
- In all cases, medical or psychological interventions should do no harm and should attempt to restore nature to optimal function. To take an example from physical medicine: we would not amputate the legs of someone distressed by having legs; nor would we do liposuction on someone with anorexia who is distressed about their weight. But we would amputate in the case of gangrene.
- The Church warns that re-assignment surgery/hormone treatment is the mutilation of healthy organs. But the Church is not against surgery/hormone treatment if it restores/reorganizes organs that have developed in a medically disordered way.
- If a person is transgender, the Church teaches that the person should be assisted in being reconciled to their sex. The disorder is psychic not physical. The treatment should be psychological/psychiatric and not physical (e.g., hormones, surgery).

- At the same time, it is recognized that for someone with dysphoria, the desire to change sex is to some serious degree beyond their control—and in many cases, perhaps most, their choices are also beyond their moral culpability (e.g., cross-dressing, seeking surgery, etc). Being of practical help to a person in such a circumstance will likely mean accepting their attempts at alleviating their dysphoria without necessarily endorsing their behaviours.
- Transgenderism and intersexuality are relatively rare conditions. And the Church has not developed a body of teaching on either. At the same time, neither has medical science nor psychology developed a clear body of knowledge.
- The Church does not prescribe nor proscribe behaviours in the absence of knowledge.
- Rather, the Church strongly recommends taking a prudent and careful approach on a case-by-case basis. The Church understands that in some cases, the best course of action will not be clear. In such cases, the Church teaches that persons should seek the best information and advice available and then follow their consciences and the direction of their pastors.
- The current consensus among both Catholic and secular ethicists is to do nothing permanent, e.g., taking cross sex hormones or doing reassignment surgery of any type, until the person is a legal adult. Whether or not the effects of puberty-delaying hormones are permanent is still a matter of controversy.
- A crucial factor, although one not to be exaggerated, is the child's degree of psychological distress. An even more important factor can be the influence of the parent(s) distress on the child. It is often the case that the child can handle their dysphoria more easily than the concerned adult.

CASE STUDIES

Note: The following Case Studies and Personal Story could be discussed during a staff in-service.

SITUATION # 1

A grade 8 student confides in you that their father is considering identifying as a woman. The student isn't sure how they feel about it.

SITUATION # 2

A grade 4 student is male and feels that God got it wrong and they want to identify as a female.

SITUATION # 3

A female mainstream celebrity is going through the process of identifying herself as a male. In science class students are talking about it and are saying that it is very “natural” – we aren’t always given the right body.

SITUATION # 4

A group of educators is applauding that a student has declared they are transgendered and is intending to transition.

SITUATION # 5

One staff member discloses to another that she is intending to transition.

SITUATION # 6

A letter arrives in the mail requesting the opportunity to present a youth-led workshop about sexual orientation, gender identity and combating discrimination. The workshop is supported by the Ministry of Children and Family Development and the Vancouver School Board.

PRACTICAL SUGGESTIONS – RESPONDING IN FAITH

1. Acknowledge that all students want to be listened to and understood.
2. Thank the student for having the courage to share this information with you.
3. Affirm that what the student has shared does not change your opinion of him/her; in fact you have gained a greater respect/admiration as a result of him/her sharing this information.
4. Emphasize that the student has your emotional support.
5. Do not act shocked or surprised; at same time do not downplay the importance of what has been disclosed.
6. Ask student if he/she has experienced any difficulties due to this challenge (e.g., bullying, alienation, loneliness, etc.).
7. Remain neutral. Do not express support for transitioning.
8. Assure the student of confidentiality except where you are required by law to disclose (i.e., where it involves a student doing possible harm to themselves or others, breaking of the law, or going against school policies).

9. Assure the student that sexual confusion or challenges can be quite common at this stage of development.
10. Ask if he/she has talked to a school counsellor about this and if not suggest doing so. Your role is to act as a listener and to direct him/her to an appropriate, trained professional.
11. Remind the student that this challenge does not make her/him any less loved by God or less Catholic. We are responsible for how we behave and how we use/misuse our bodies. God always blesses those whom He calls. He desires our total dependence on Him.
12. Encourage the student to take this area of his/her life to prayer. Even offer to pray with him/her.
13. Discuss with student:
 - Do the student's parents know?
 - If the parents are not supportive, who are other adults the student can talk to?
 - Do you have friends you can speak to about this?
14. It is essential that the support the student and parents receive is founded on Catholic teaching. The Church proclaims the fullness of truth regarding the human person. Receiving support from our faith will assist in the process.
15. If the staff member has difficulties following Church teaching on this challenging issue, they are morally responsible to refer the student to one who doesn't.

RESOURCES

Policy 431: *CISVA Elementary School Policy Regarding Gender Expression and Gender Dysphoria*
http://www.cisva.bc.ca/policy_manual/

"When Boys Won't Be Boys: Childhood Gender Identity Disorder" by Dr. Richard Fitzgibbons and Dr. Joseph Nicolosi.

Nicholas Tonti-Filippini, "Gender Reassignment and Catholic Schools," *National Catholic Bioethics Quarterly*, Spring, 2012. (requires registration at https://www.researchgate.net/profile/Nicholas_Tonti-Filippini/publications)

Fr. Urbano Navarrete, S.J., "Transsexualism and the Canonical Order," *Periodica de re Canonica*, Vol. 86, 1997, Pontificia Universitas Gregoriana.

John Norton, "Vatican says 'sex-change' operation does not change person's gender," *Catholic News Service*, September 19, 2011. (<https://www.ncronline.org/news/vatican-says-sex-change-operation-does-not-change-persons-gender> accessed July 30, 2016)

Mark Yarhouse, "Understanding the Transgender Phenomenon," *Christianity Today*, July/August 2015. (<http://www.christianitytoday.com/ct/2015/july-august/understanding-transgender-gender-dysphoria.html> accessed July 27, 2016)

Mark Yarhouse, *Understanding Gender Dysphoria*. IVP Academic, 2015.

Celeste McGovern, "Boys Will Be Girls? Catholic Therapists Help Kids Overcome 'Transgender' Issues," *National Catholic Register*, July 1, 2008 (<http://www.ncregister.com/site/article/15350> accessed July 30, 2016).

Francine Russo, "Debate is growing about how to meet the urgent needs of transgender kids," *Scientific American Mind*, January/February, 2016. (not accessible on-line without subscription; it is available in the reference section of the main Vancouver library)

"Gender Dysphoria, Gender Identity Disorder and Informed Consent," Institute for Marital Healing (<http://www.childhealing.com/articles/genderidentitydisorder.php> accessed July 30, 2016).