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Gender Transition

One of the most contentious issues in American public life today is the debate over the possibility of transitioning from one sex or gender to another. Also referred to as transgender therapy, it can range from simply presenting oneself as the sex that does not correspond with one's body, changing one's name, clothing and pronouns, to undergoing long-term hormonal treatments or surgery to change characteristic features of the biological body, including the removal of genitalia. As one doctor told me, it is not a new reality but one that has rather suddenly erupted in the public consciousness.

In recent years I have heard, both in person and on the radio, people speak about gender dysphoria, the technical term for distress over the conflict between one's bodily identity and one's perceived gender identity. The person who believes he or she is not the gender the body indicates finds this experience profoundly disturbing and, quite rightly, seeks relief. It should be noted that, between 2017 and 2021, the number of dysphoria diagnoses nearly tripled in the United States (*British Medical Journal*, June 14, 2023).

In my approach to this subject, I will try to live up to my episcopal motto, "Living the Truth in Love." Persons who believe they have successfully transitioned from their biological sex or gender deserve the same respect that persons comfortable in their biological gender enjoy. Whether we agree or disagree with their decision, they are, from our Christian perspective, made in the image and likeness of God. Jesus has commanded us: *love your neighbor as yourself* and, as the parable of the Good Samaritan shows, there are no exceptions to that commandment. We are challenged by our faith to love persons who experience gender dysphoria.

The love of which Jesus speaks is not a matter of feelings or physical attraction. It is a matter of the will being focused on doing good to the neighbor. That does not necessarily mean agreeing with the neighbor's opinion. Parents who love their children will sometimes not let them do what they want, because the parents know it would be against the children's welfare. If you speak a "hard truth" to a friend engaged in inappropriate behavior that you believe will hurt the friend and possibly others, you are acting in a loving manner. Much depends, of course, on how this love is expressed but my point is that you can still love a person with whom you disagree. The overriding concern must be to seek the neighbor's good.

Many clinicians, parents, public school educators and politicians, trying to help persons with gender dysphoria find relief, believe that medicine can offer a remedy: the administration of massive doses of hormones that change the bodily appearance of the person or surgery to remove or alter the person's genitalia. The American Medical Association, the American Nurses Association and the American Academy of Pediatrics and other professional medical groups,

have all endorsed what they call “gender-affirming care.” Some states have passed laws ensuring protection for transgendered persons against discrimination in schools, workplaces and sports.

Yet, opposition to this medical and political consensus is growing. Some female athletes have complained that men who have declared themselves to be women are winning competitions that were designed for natural females. A young woman who participates in sports at West Virginia University told me: “Most men are bigger, stronger and faster than women. It’s not fair that they compete against us.” A number of states have banned various forms of transgender treatments and the participation in female sports by biological males. (Such a law regarding athletic competitions in West Virginia was recently declared unconstitutional by a federal court. The state plans to appeal the decision to the US Supreme Court.)

The strongest opposition has been provoked by proposed legislation in some states and current laws in others, that allow minors to access transgender therapies. Illinois allows a judge to decide that a minor who appears to be mature can opt for medical treatment against the parent’s wishes. Meanwhile, some minors who have transitioned to the opposite sex revert to their biological sex, although the research studies on “detransition” are scanty. Nonetheless, “there is reason to believe that the numbers of detransitions may increase. It is quite possible that the low reported rates of detransition and regret in previous populations will no longer apply to current populations” (*Journal of Clinical Endocrinology and Metabolism*, October, 2022).

Many European countries have a longer experience with transgender therapies than the United States. Great Britain, France, Sweden, Finland and Denmark, usually considered “progressive” in social matters, have in recent years backed away from full endorsement of transition procedures, moving to less invasive treatments such as counseling and group therapy. The *Journal of the Danish Medical Association* (August, 2023), in an article by clinicians who assess youth for transitions, reported on the “inherent medical and ethical uncertainties of providing minors with profound, life-altering interventions in the context of very limited understanding of the epidemiological shift in the population presenting for care, the growing rates of detransition and the profound uncertainty about long-term outcomes.” This has led Denmark to sharply curtail hormonal transition (now only 6% of requests are granted) and end all transgender surgery on minors.

Without discussing the moral implications of transgender treatments, public health authorities in Finland, Sweden, the Netherlands and England “concluded that the risk-benefit ratio of youth gender transition ranges from unknown to unfavorable” (*Forbes Magazine*, June 6, 2023). The majority of transitioned persons, minors and adults, seem to be content with their achieved gender identity and exhibit less suicidal ideation and attempts (failed or successful) than before transition; but, as mentioned above, the rate of detransition seems to be increasing and “a dearth of high-quality studies that evaluate outcomes in suicide following gender-affirming treatment poses severe limitations on the extent of claims made during the informed consent process for gender-affirming treatment” (*Cureus*, March, 2023, at National Library of Medicine).

Dr. Paul McHugh, formerly the chief psychiatrist at the Johns Hopkins University Hospital in Baltimore, used to oversee transgender treatments but, after studying the long-term effects on persons who received those treatments, halted them and declared that “we have been trying to treat a psychological state with surgery.” (Under pressure from the Human Rights Campaign, an LGBTQ advocacy organization, and Maryland politicians, the Hospital resumed transgender surgery a few years ago.)

The Catholic understanding of gender transition is clear: “human life in all its dimensions, both physical and spiritual, is a gift from God. This gift is to be accepted with gratitude and placed at the service of the good. Desiring a personal self-determination, as gender theory prescribes, apart from this fundamental truth that human life is a gift, amounts to a concession to the age-old temptation to make oneself God, entering into competition with the true God of love revealed to us in the Gospel” [*Dignitas Infinita (On Human Dignity)*, 57, Dicastery for the Doctrine of the Faith, April 8, 2024].

Accepting one’s gender or sex as a gift from God rather than as one’s possession to change at will, affirms the real and necessary difference between the two sexes. That sexual difference is essential for the continuation of the human race. God teaches this to us directly: *God created man in His image, male and female He created them. God blessed them, saying “Be fertile and multiply; fill the earth and subdue it* [Genesis 1:27-28]. The binary division of the human species into male and female is both a fact of nature and a truth of divine revelation. This does not absolutize cultural expressions of maleness and femaleness, which vary widely (e.g., in clothing and roles); but “gender expression” cannot ignore the biologically determined sexual difference upon which the human race depends. “Genital abnormalities that are already evident at birth or that develop later” may be resolved by medical treatment but do not constitute a change in gender [*DI*, 60].

In the light of these ethical and practical concerns about medical procedures to alter a person’s body to make it appear more consistent to the person’s “felt” gender, why do the promotion of transgender ideology and its practice continue in the United States? First, we must admit that we Americans exhibit a heightened individualism, a relentless assertion of personal autonomy. “Because I want it, because I feel this way, I should be able to do it.” This attitude underlies advocacy for abortion, assisted suicide and resistance to public health measures such as vaccinations. Even though sincerely held, this attitude is at the base of gender transition.

Second, as in other societies, there is in the United States an elite class of professionals – physicians, educators, public policy experts, media stars, career politicians and executives and board members of large corporations – upon whom we depend for necessary services. We respect them for their competence. But they are just as much subject to “group think” as are other groups in society.

This elite class is increasingly secular and either indifferent or openly hostile to religious beliefs and moral restraints on their opinions and activities. By and large they follow a materialist and utilitarian approach to issues and prefer technological solutions over which, in many cases, they exercise control. Supporting the transgender ideology not only exhibits their

belief that the human body is simply material to be manipulated as one desires, but it allows them to congratulate themselves on being broadminded and caring. Aided by major sectors of the media, they promote their view as the only correct one.

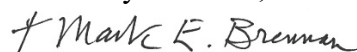
While we must resist the inordinate assertion of personal autonomy that the transgender ideology represents and the pressure of our elite class to support that ideology, we must ask ourselves: what alternative can we offer to those who suffer from gender dysphoria? A true remedy is needed, one that recognizes that this is a mental and emotional experience that hormonal therapies and surgeries will not cure, even if they postpone an inevitable clash with reality.

The inner peace that those with gender dysphoria desire can be achieved by much simpler, less invasive and less expensive means. Most of all, the person needs the loving support of family and friends while dealing with the conflict of body and feelings. When that intimate community sees how profoundly disturbing the conflict between the relative's or friend's biological self and perceived self is, the family and friends can offer the solidarity and encouragement that will give the dysphoria-afflicted person courage and hope. In addition, trust in the God who *made them male and female* would also bring the person into harmony with God's will expressed in creation.

Counseling, prolonged for years, if needed, can provide great help if it seeks to get to the roots of the problem. What has caused the disjunction between the body and the person's mind and feelings? Even if this cannot be entirely clarified, good counseling will aim to help the counselee accept him or herself, including the indisputable evidence of one's biological gender. The counselor needs to understand that denying the bodily reality of the person and adhering to a perception of belonging to the opposite sex, is not healthy. It is living an illusion. The counselor's goal should be to help the person align his or her thinking and feeling with the reality of the body. Once that goal is achieved, the conflict between the body and the emotions should end and a genuine inner peace ensue.

Those suffering with gender dysphoria need our sympathy and respect. Their fundamental rights should never be denied them. We must stand with them and cooperate with them in building a more just and humane society. They need our love but a love that respects the truth, which is ultimately better for them and the community. The truth is that, for persons suffering with gender dysphoria, as for all of us, the body is an inseparable part of our being and it "speaks" to us, disclosing to us the sex to which we belong. The body as much as the soul is integral to the human person and deserves acceptance as it truly is. The harmony that should reign among body, mind, feelings and soul will be achieved when thinking and feeling do not nullify the body's speech but accept its testimony.

Sincerely in Christ,



+Mark E. Brennan

Bishop of Wheeling-Charleston