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A CRITIQUE OF "GENDER DYSPHORIA" IN *DSM-5*

Edward J. Furton

The *Diagnostic and Statistical Manual of Mental Disorders* is the guidebook for psychiatric practice in medicine. In the fifth edition (*DSM-5*), published in 2013, the American Psychiatric Association (APA) significantly revised the section on gender identity disorder, which it renamed gender dysphoria. In previous editions, the conviction that one's sex did not match one's gender was treated as a mental disorder in need of psychiatric treatment. In *DSM-5*, the remedy for that same conviction was changed to hormonal and surgical procedures to give the patient the appearance of the opposite sex.

A complete reversal of this sort is surprising, as it implies that all previous guidance on this question was in error. The change is even more perplexing given that little evidence shows that hormonal or surgical interventions actually improve the psychological health of the sufferer.[1] A recent and important review of the literature published in the *New Atlantis* examines follow-up studies on patients who have undergone sex reassignment surgery. The results are not positive. Although most of the studies were small, one of the largest and most comprehensive, consisting of 324 transsexual persons (191 male-to-female, 133 female-to-male), listed a number of troubling results.

In another cohort study, Cecilia Dhejne and her colleagues found statistically significant differences between the two cohorts. For example, postoperative transsexual individuals' risk of psychiatric hospitalization was approximately three times higher than members of the control groups even after adjusting for prior psychiatric treatment. However, the risk of being hospitalized for substance abuse was not significantly higher after adjusting for prior psychiatric treatment as well as other covariates. Sex-reassigned individuals' risk of all-cause mortality was nearly three times higher after adjusting for covariates, although the elevated risk was significant only from 1973 to 1988. Those undergoing surgery during this period were also at increased risk of being convicted of a crime. Most alarmingly, sex-reassigned individuals were 4.9 times more likely to attempt suicide and 19.1 times more likely to die by suicide compared to controls: "Mortality from suicide was strikingly high among sex-reassigned persons, also after adjustment for prior psychiatric morbidity."[2]

Given the limited amount of medical evidence and the troubling character of what little there is, one has reason to think that the change in *DSM-5* was motivated by social and ideological considerations rather than an analysis of relevant medical and epidemiological facts.

Those who are convinced that they are members of the opposite sex must be sharply distinguished from others who have physical abnormalities in sex development. The sexual identity of an intersex individual is ambiguous at the biological level, although there is almost always compelling genetic evidence one way or the other. With few exceptions, the authors of *DSM-5* do not address these cases, but speak instead of individuals with normal sexual physiognomy who want to undergo hormonal or surgical treatments that will make them appear to be members of the opposite sex.

In intersex cases, of course, hormonal or surgical treatments are appropriate. The physician is simply restoring what nature has failed to achieve, just as one might turn to a surgeon to repair any physical defect in the body, such as a misshapen foot. In fact, great progress has been made in the ability of surgeons to correct defects of sex development, which is morally appropriate and should be supported by all. In contrast to surgery for gender dysphoria, surgery to correct intersex conditions does not raise a complicated moral question, but should be seen as a straightforward effort to overcome an obvious physical defect.

Intersex conditions affect the body. Gender dysphoria affects the mind. Physical deformities are appropriately remedied through physical means like surgery. We would expect that psychological illnesses, in contrast, should be remedied through psychological means. That had been the standard of practice until the publication of *DSM-5*. As we will see, the new model holds that gender dysphoria is indeed a psychological disorder, not because the individual misidentifies his or her own body but because the feeling that one is in the wrong body causes psychological distress.

Edward J. Furton, PhD, is an ethicist and the director of publications at The National Catholic Bioethics Center.

The New *DSM*

DSM-5 defines *gender dysphoria* as "the distress that may accompany the incongruence between one's experienced or expressed gender and one's assigned gender. Although not all individuals will experience distress as a result of such incongruence, many are distressed if the desired physical interventions by means of hormones and/or surgery are not available."[3] The distress, therefore, does not necessarily result from the condition but from society's unwillingness to give those with gender dysphoria the medical assistance necessary to alter their sex according to their interior sense of "experienced or expressed" gender.

The use of the term "assigned gender" is noteworthy, because it implies that sexual identity is a human convention. Recording the sex of a child at birth would appear to be a simple statement of physiological fact, but *DSM-5* indicates that the inner psychological state of the patient takes precedence over biology. That is why the manual asks that hormonal and surgical treatments be made available to these patients, not to cure their disorder but to relieve the stress that results from the "assigned gender" given to them by society.

Pope Francis has warned against what he calls the dangers of gender ideology. In his encyclical letter *Laudato si'*, he says that "the acceptance of our bodies as God's gift is vital for welcoming and accepting the entire world as a gift from the Father and our common home, whereas thinking that we enjoy absolute power over our own bodies turns, often subtly, into thinking that we enjoy absolute power over creation. Learning to accept our body, to care for it and to respect its fullest meaning, is an essential element of any genuine human ecology."[4]

Similarly, the *Catechism of the Catholic Church* teaches that "everyone, man and woman, should acknowledge and accept his sexual identity. Physical, moral, and spiritual difference and complementarity are oriented toward the goods of marriage and the flourishing of family life."[5] And again, "by creating the human being man and woman, God gives personal dignity equally to the one and the other. Each of them, man and woman, should acknowledge and accept his sexual identity."[6]

The claim that society assigns us a gender conflicts with the evidence imprinted on our bodies by nature. Every cell—not just the sex cells—shows us to be male (XY) or female (XX). Altering the genitals does nothing to change the real sex of the person. Making hormonal and surgical interventions available to these patients, therefore, does not change their bodily sex and therefore does not effect any cure. Instead, these interventions confirm the person in what would appear to be a serious delusion. Yet *DSM-5* takes great pains to avoid this conclusion.

Psychotic delusions, according to the manual, are "fixed beliefs that are not amenable to change in light of conflicting evidence."[7] One would think that the persistent belief that one is inhabiting the body of the opposite sex is delusional, but strangely, *DSM-5* forbids that conclusion: "In the absence of psychotic symptoms, insistence by an individual with gender dysphoria that he or she is of some other gender is not considered a delusion."[8] Nevertheless, one might still ask whether it is false to claim that one is a biological member of the opposite sex. This question is neither raised nor answered.

An associated condition, body dysmorphic disorder, affects individuals who "[focus] on the alteration or removal of a specific body part because it is perceived as abnormally formed."[9] Here again, we might think this applies to those who are convinced that they are members of the opposite sex. Yet *DSM-5* rules this out: "Body dysmorphic disorder should not be diagnosed if the preoccupation is limited to discomfort with or a desire to be rid of one's primary and/or secondary sex characteristics in an individual with gender dysphoria."[10]

The American Psychological Association arrives at the same conclusion as the APA. In its *Guidelines for Psychological Practice with Transgender and Gender Nonconforming People*, under the subheading "Foundational Knowledge and Awareness," the associaton states that "a binary conceptualization of gender" can "act as a barrier to accessing surgery or hormone therapy." It calls on psychologists to set aside this binary way of thinking: "A nonbinary understanding of gender is fundamental to the provision of affirmative care for [transgender and gender nonconforming] people. Psychologists are encouraged to adapt or modify their understanding of gender, broadening the range of variation viewed as healthy and normative."[11]

The APA strongly implies that those who suffer from gender dysphoria should be viewed as psychologically healthy individuals, and the American Psychological Association concurs. Thus, those who experience gender dysphoria are normal except for their feelings of psychological distress. In other words, a man who thinks that he is a woman (or vice versa) and wants to have his genitals surgically removed is in a normal, healthy psychological state. Again, the intervention is offered to the patient not for the purpose of cure, but to relieve the psychological stress that results from a mistaken application of a binary view of sexuality.

According its authors, the guidelines of the American Psychological Association reach this novel conclusion because gender is not exclusively male or female, but falls between these extremes with many intervening degrees. *DSM-5* essentially assumes the same. Thus, one person may be 75 percent a man, another 50 percent a man, and a third 25 percent a man. Presumably someone at the 50 percent mark is half man and half woman, though the cells in his body tell us a different story. Or is the person at the midpoint neither male nor female? The theory of non-binary sexuality would seem to justify either conclusion.

Moral Evaluation

When evaluating moral questions, the Catholic philosopher takes nature as the standard. Sexual differentiation is part of the teleological aim of nature, and God has

inscribed the complementarity of male and female into the whole of creation, both plant and animal. The propagation of the species depends on it. More than 99.9 percent of human beings are born unambiguously male or female.[12] Sexuality, according to the objective standard of nature, is indeed binary. The efforts of the APA and the American Psychological Association to set aside this self-evident standard seem very dangerous. One may reasonably expect that patients who experience this disorder will suffer further harm through misguided medical interventions.

Intersexuality, which is a genuine deformity of sex development, cannot be helpfully compared to gender dysphoria. One is a physical defect; the other is a psychological disorder. Cases of intersexuality do not express the teleological aims of nature but exist instead as defects in the effort of nature to achieve its proper aims. The same is true when someone is born blind or deaf. It is a serious error to use defects as normative standards in medicine. As *DSM-5* states, most persons who are intersex do not suffer from gender dysphoria, although as they "become aware of their medical history and condition, many experience uncertainty about their gender. . . . However most do not progress to gender transition."[13]

Dogmatic Teachings of the Church

Several Catholic authors have attempted to justify sex reassignment surgery. Their work has been discussed elsewhere and need not be reviewed here. Instead, what follows is an effort to deepen that conversation by recalling certain fundamental teachings of the Church that have been neglected in the literature. The medical standard of "first do no harm," combined with the principles of totality and integrity, should be sufficient to answer the basic questions in the practical order, but more theoretical arguments in favor of sex reassignment surgery will need to clear certain well-established hurdles resting on Catholic philosophy and theology, specifically, doctrinal statements concerning the nature of the body–soul union.

These statements are centuries old and have been affirmed as *de fidei*, or dogma, the highest class of revealed truth. They are not supernatural doctrines but truths evident to reason. They form part of the general Western metaphysical understanding of the person and, therefore, are potentially knowable by all people of good will, Christians and non-Christians alike. They address (1) the metaphysical unity of the person and (2) the creation of the soul by God at the moment of its infusion into the body. Any argument in favor of sex reassignment surgery must contend with these teachings.

The first affirms two related points: (1) the human being consists of two essential parts, a spiritual soul and a material body; and (2) the rational soul is per se the essential form of the body.[14] Any claim that the rational soul is a mere pilot within the body or that the body is nothing more than an instrument or container for the soul is contrary to Catholic teaching. The spiritual soul is of itself and essentially the form of the body. This understanding of the person is traceable to Aristotle and was adopted by St. Thomas Aquinas and other key figures in the history of Catholic theology.

Those who hold that a male can exist in the body of a female or vice versa implicitly affirm that it is possible for the human soul to be male or female in its own right, independent of the body. This further implies that the body–soul union is an accidental union that can be misaligned, resulting in the wrongly sexed soul appearing in a particular body. How this misalignment of body and soul can be affirmed as a theoretical possibility without also denying the substantial union of body and soul is hard to understand. We have to imagine a female soul joined to male body and vice versa.

We are essentially body–soul composites, so the two principles of this union cannot exist independent of each other. Their separation, of course, causes death. The human body, we know, is mortal and suffers decay and dispersal. The human soul, in contrast, is not material, but exists as a spiritual entity that possesses various powers, including the unique human faculties of intellect and will. These inhere in the rational soul, which survives death and awaits the reincorporation of the body at the resurrection.

These teachings are not compatible with the claim that souls are male or female. In fact, this distinction has no precedent in Western philosophy. Aristotle, for example, does not distinguish them. Aquinas, like Aristotle, describes the generative power as a faculty of the soul but does not distinguish between male and female faculties. The male or female expression of the generative power exists only when the soul is embodied. As such, the body alone determines the sex of the person. This is why angels, despite their masculine names, are properly speaking neither male nor female. They have no bodies. They have no need for sexual reproduction.

Furthermore, a man who claims he is a woman supposes that his inner psychological state is that of the opposite sex, but the spiritual powers of intellect and will have no gender. The same powers express themselves within a particular male or female body, which is why men and women are fundamentally equal in God's sight. Over the course of a lifetime, as a person lives out a male or female embodiment, the psychological experience of masculinity or femininity may be called the person's gender. Thus, gender is the lived experience of the soul's generative power in a male or female body. Again, sex is determined physiologically.

A similar challenge results from the teaching that the individual soul is infused into the body immediately by God.[15] Pope Pius XII, in the encyclical *Humani generis*, states that "the Catholic faith obliges us to hold that souls are immediately created by God."[16] By "immediately," the Church does not necessarily mean immediate within the temporal order, that is, at the moment of conception, but immediate in the sense of without an intermediary. God directly creates the soul without the help of any other agent, for example, an angel. The timing of the infusion may remain an object of academic debate, but the fact that God himself creates the soul does not.

THE NATIONAL CATHOLIC BIOETHICS CENTER

6399 Drexel Road, Philadelphia, PA 19151–2511 www.ncbcenter.org

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If it were true that a soul could be infused into the wrong body, whether at the moment of conception or at some later time, it would necessarily follow that God had erred, as there is no prior step between God's creative act and the infusion of the soul. This, however, is a blasphemous conclusion. Any implication that God has made a mistake in creating a particular human being must be false, because the divine Being is not subject to error; hence, He cannot infuse a soul into the wrong body.

The Obligation of Science

Science has a moral obligation to follow the evidence and not allow itself to be influenced by social or ideological considerations. This is admittedly an ideal, but the examples of how science can be corrupted by these influences are so well known that they do not need citation. The APA and the American Psychological Association have taken an extraordinary step in presenting gender dysphoria to the public as a normal psychological condition. Given the social and political climate of our time, we have reason to pause and wonder whether some undue influence has been exerted.

It should strike us as highly questionable that *DSM-5* now lists a psychological condition without offering a corresponding remedy or cure. Gender dysphoria, or the feeling that one is in the body of the wrong sex, appears in the manual not because it is a psychological illness but because a lack of access to hormonal and surgical interventions can cause patients distress. This new policy clearly implies that, for these patients, the desire to have one's genitals surgically removed represents a normal state of mental health.

Notes

1. Lawrence S. Mayer and Paul R. McHugh, "Sexuality and Gender: Findings from the Biological, Psychological, and Social Sciences—Executive Summary," *New Atlantis* 50 (Fall 2016): 7–9, http://www.thenewatlantis.com/.
2. Cecilia Dhejne et al., "Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden," *PLoS One* 6.2 (February 2011): e16885, doi: 10.1371/journal.pone.0016885.
3. American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed. (Arlington, VA: American Psychiatric Association, 2013), 451.
4. Francis, *Laudato si'* (May 24, 2015), n. 155. See also Benedict XVI, Address to the German Bundestag (September 22, 2011): "There is also an ecology of man. Man too has a nature that he must respect and that he cannot manipulate at will. Man is not merely self-creating freedom. Man does not create himself. He is intellect and will, but he is also nature, and his will is rightly ordered if he respects his nature, listens to it and accepts himself for who he is, as one who did not create himself. In this way, and in no other, is true human freedom fulfilled."
5. *Catechism*, n. 2333.
6. Ibid., n. 2393.
7. APA, *DSM-5*, 87.
8. Ibid., 493.
9. Ibid., 243.
10. Ibid., 246.
11. American Psychological Association, "Guidelines for Psychological Practice with Transgender and Gender Nonconforming People," *American Psychologist* 70.9 (December 2015): 835, doi: 10.1037/a0039906. See also APA, "Position Statement on Access to Care for Transgender and Gender Variant Individuals,", May 2012, https://www.psychiatry.org/psychiatrists/practice/helping-patients-access-care/position-statements/.
12. Intersex Society of North America, "How Common Is Intersex?," accessed May 19, 2017, http://www.isna.org/.
13. APA, *DSM-5*, 456.
14. Ludwig Ott, *Fundamentals of Catholic Dogma*, 4th ed., trans. Patrick Lynch (Rockford, IL: Tan Books, 1974), 96–97. These teachings were affirmed by Lateran Council IV, canon 1; Vatican Council I, April 24, 1870, session 3, I.3; and Council of Vienne, decree 1.
15. See Ott, *Fundamentals of Catholic Dogma*, 100. This was affirmed by Lateran Council V, December 19, 1513, session 8; Pope Alexander VII; and Pope Pius IX among others.
16. Pius XII, *Humani generis* (August 12, 1950), n. 36.

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