



Changing My Body To “Match” My “Identity?”

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The famous Olympian Bruce Jenner made headlines recently when he told ABC News, “For all intents and purposes, I’m a woman... That female side is part of me. That’s who I am.” He has been receiving hormonal treatments to acquire feminine traits, and is not yet sure whether he will undergo surgery to “complete” the process. His dramatic case raises important ethical and medical concerns about properly understanding our identity and respecting the given order of our bodies.

Suppose a man were to declare that his real identity, in his innermost self, was that of a pirate, and that he had always been aware of it from his earliest childhood. If he were to decide, in order to more fully conform to that inner identity, to have his hand surgically removed so that he could have a hook installed in its place, this would surely indicate a serious mental condition on his part, and counseling, along with other psychiatric interventions, would be appropriate, rather than encouraging medical mutilation.

Or we might consider the strange case of Chloe-Jennings White, a 58 year old woman from Salt Lake City, Utah, who, although perfectly healthy, has a deep-seated desire to become paralyzed, even to the point of being willing to pay a

surgeon to sever her spine to make her a paraplegic. As a young girl, whenever she saw somebody with leg braces, she asked why she couldn’t have her own set. Ever since, she has dreamed of being paralyzed from the waist down and says that she sometimes goes skiing in the hopes that an accident will render her paraplegic: “I ski extremely fast, and aim for the most dangerous runs.” She likewise fantasizes about having a car accident to make her paralyzed. In the meantime, she lives her life as if she were a paraplegic, putting braces around her legs, and riding around in a wheelchair. She suffers from what has been termed “Body Integrity Identity Disorder,” or BIID, a rare disorder in which individuals lack a proper sense of bodily identity and reject their own limbs. Some experts believe it is caused by a neurological disorder in which the brain’s mapping system fails to recognize particular parts of the body.

If a surgeon were to sever her spine, even with her consent, broad condemnation would quickly follow from inside and outside the medical profession, given that her limbs are healthy, and she is really battling a mental

Making Sense of Bioethics

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disorder. Various commentators have reacted strongly to her story, noting the irony of so many people who have become crippled due to tragic accidents and yearn for even the most basic forms of mobility, even as Ms. White seeks to mutilate her body and do violence to her own functional integrity. It doesn't take much reflection to appreciate how the powers of medicine are meant for healing our bodies, not for harming and maiming them.

Yet this kind of clear thinking seems to get easily sidelined when people discuss medical interventions for individuals who are convinced that they are actually members of the opposite sex. Dr. Paul McHugh, who served as psychiatrist-in-chief at the Johns Hopkins Hospital for more than two decades, was one of the first to raise concerns about transgender approaches that rely on hormones and surgeries. He noted that even though follow-up studies of sex-change patients may have indicated satisfaction with the outcome on the part of the patients, the numerous psychological problems they experienced prior to their surgeries, problems with emotions, relationships, work, and self-identity remained unchanged. Dr. McHugh concluded

that "to provide a surgical alteration to the body of these unfortunate people was to collaborate with a mental disorder rather than to treat it." Indeed, although some people may clamor to have their spine severed, to have a healthy limb removed, or to have sex change operations, the recognition of the seriousness of the underlying psychiatric issues should only strengthen our resolve to protect the human dignity and authentic personal identity of these patients by declining their requests for any form of medical mutilation.

Nonetheless, misguided notions about personal identity continue to gain a foothold in our society. The opening line of the recent Supreme Court decision legalizing gay “marriage,” to cite but one example, declares that liberty means “specific rights that allow persons, within a lawful realm, to define and express their identity.” This kind of confused language about allowing people to “define their identity” ignores the crucially important truth that numerous aspects of our identity, especially those related to our bodily and sexual identity, are pre-determined, objective goods that we are called to recognize and respect in the choices we make. Respecting objective goods stands at

the heart of the project of moral reasoning. Whether considering the integrity of our arms and legs or the integrity of our sexual constitution, proposals for chemical or surgical mutilation of these faculties will understandably raise concerns among reasonable and caring people.

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