MESSENGER

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Faith, Identity, and Care: A Catholic Look at Gender Dysphoria

Over the past decade, discussions about "gender identity" have moved from relatively specialized academic fields into mainstream public awareness. According to the UCLA School of Law Williams Institute, an estimated 2.8 million Americans now identify as "transgender," with most individuals under the age of 35.

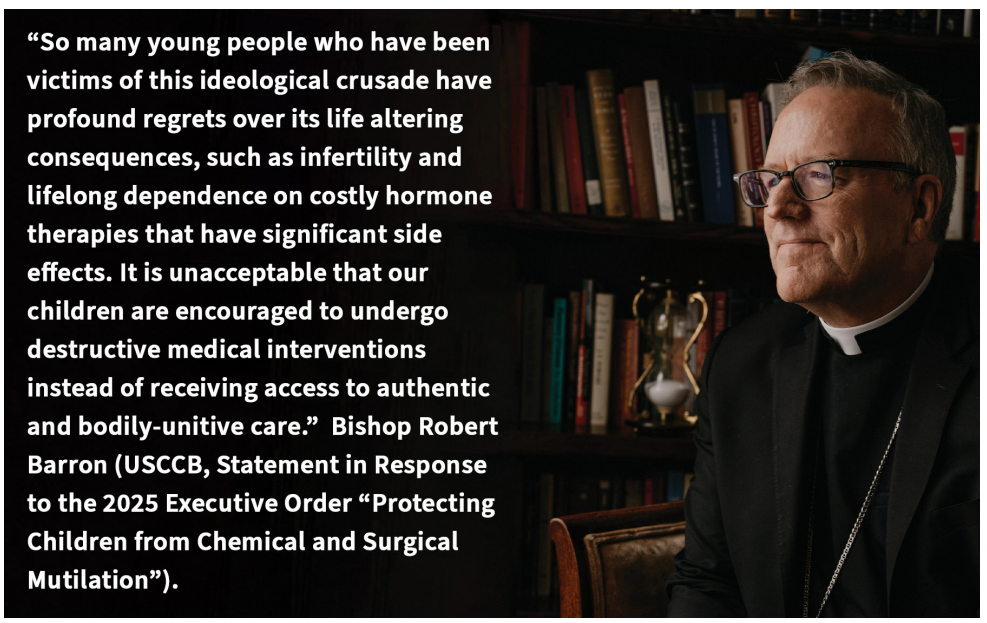
As Catholics, we are called to respond to this phenomenon with compassion, clarity, and fidelity to the truth. In light of that, this publication seeks to address some fundamental questions regarding gender dysphoria and the Church's stance on it.

1. What exactly is gender dysphoria and what does it mean for a person to be "transgender"?

When we refer to *gender dysphoria*, we mean the experience of clinically significant distress related to a perceived incongruence between a person's biological sex and their internal sense of gender (i.e., gender identity). This distress must reach a level considered "clinically significant," as the term is a formal diagnosis category in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), where it has been included since 2013. Before that, the condition was described as *gender identity disorder*.

On the other hand, the more widely known term *transgender* (colloquially, "trans") is not actually a psychiatric diagnosis, but rather a straightforward way of referring to a man who identifies as a woman or vice versa.

Put more simply, there are people who believe they were born in the bodies of the "wrong sex" and desire to be recognized as the opposite gender. The crucial question we must



"So many young people who have been victims of this ideological crusade have profound regrets over its life altering consequences, such as infertility and lifelong dependence on costly hormone therapies that have significant side effects. It is unacceptable that our children are encouraged to undergo destructive medical interventions instead of receiving access to authentic and bodily-unitive care." Bishop Robert Barron (USCCB, Statement in Response to the 2025 Executive Order "Protecting Children from Chemical and Surgical Mutilation").

ask ourselves is whether our identity as a man or a woman (or both or neither) should be based on subjective self-perception (gender identity) rather than observable, objective reality (biological sex).

2. What is the underlying problem with gender identity theory?

Traditionally, when the body and the brain "collided," we assumed the problem was in the brain and focused on helping people whose sense of self had become disordered adjust back to reality. Consider, for example, anorexia nervosa, in which someone who is dangerously underweight perceives themselves as morbidly obese, or body identity integrity disorder, in which a person's perception of their body does not match its physical condition, leading to a desire to amputate a healthy limb or even to lose their sight.

However, in the last decade, we have grown accustomed to an ideology that claims that whenever there is a discrepancy between body and brain, the problem is with the body, and that the body must be "modified." That is a core mistake: the problem is not in the body, since the body is the concrete, observable reality. It is our perception of the body that needs to adjust to the objective reality it encounters. We are not male or female randomly; rather, our being male or female is what determines us as human beings. Therefore, anyone suffering from such a disconnect between self-perception and objective reality needs to receive proper care, care that heals rather than reaffirms a mistaken view.

3. What does the Church teach about gender dysphoria and those who are afflicted by it?

The Catholic Church's teaching on gender dysphoria is rooted in its understanding of human nature, the natural law, and the divine plan for male and female identities. According to Church doctrine, God created every person as male or female, and this sexual identity is an integral part of human dignity and vocation. The *Catechism of the Catholic Church* emphasizes that the complementarity of men and women is part of God's design for humanity, highlighting that sexual identity is not merely a social construct, but an essential aspect of personal and moral life (CCC 2333–2336). From this perspective, gender is intrinsically linked to biological sex, and attempts to alter it are considered incompatible with the natural law.

"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. Also, valuing one's own body in its femininity or masculinity is necessary if I am going to be able to recognize myself in an encounter with someone who is different. In this way we can joyfully accept the specific gifts of another man or woman, the work of God the Creator, and find mutual enrichment. It is not a healthy attitude which would seek 'to cancel out sexual difference because it no longer knows how to confront it.'"

Pope Francis, *Laudato Si'*

The Church recognizes that some individuals experience deep psychological distress related to their sexual identity. In his 2019 article, *Deficiencies in Scientific Evidence for Medical Management of Gender Dsyphoria*, Dr. Paul Hruz, associate professor of pediatrics at Washington University in St. Louis, states "patients who experience a gender identity that is discordant with biological sex have an alarmingly high incidence of psychosocial morbidity including depression, anxiety, eating disorders, substance abuse, HIV infection, and homelessness. Most concerning, nearly half of all affected individuals will contemplate suicide and a third will attempt suicide."

While the Church expresses compassion and calls for respectful pastoral care for such individuals, it maintains that emotional suffering does not justify procedures or actions that contradict biological sex. The *Catechism* explicitly encourages sensitivity, respect, and the avoidance of unjust discrimination toward persons experiencing gender dysphoria, affirming their inherent human dignity (CCC 2358). In this context, the Church distinguishes between caring for a person's psychological or emotional needs and endorsing social or medical transition as a solution.

Medical or surgical interventions intended to change one's sex—such as hormone therapy or sex-reassignment surgery—are considered morally impermissible by the Church. The *Dicastery for the Doctrine of the Faith* has consistently clarified that such procedures attempt to alter what God has given and are therefore disordered means of addressing personal suffering. The Church does, however, support legitimate medical care aimed at treating underlying health or psychological conditions, provided it does not involve altering the individual's sex. Church teaching emphasizes that wholeness and healing are found in virtue, chastity, and conformity to God's plan, rather than in altering the body to match a perceived gender identity.

4. Are there risks associated with so-called gender-affirming care in youth?

In recent years, serious medical critiques have emerged regarding gender-affirming care for minors, especially involving puberty blockers, cross-sex hormones, and surgical interventions. These concerns center on long-term health risks, limited evidence of benefit, and ethical challenges. It is important to note that the FDA has not approved puberty blocking medications for the purpose of treating gender-dysphoric youth.

The 2025 U.S. Department of Health and Human Services (HHS) report, which conducted a wide-ranging, evidence-based review of treatment for gender dysphoria in children and adolescents, concluded that these

interventions carry serious concerns—including irreversible harms such as infertility—while finding the evidence for benefit to be "very weak." The report also highlights risks such as impaired bone mineral density accrual, cardiovascular problems, metabolic disorders, cognitive impacts, psychiatric issues, surgical complications, and regret.

Bone health is a particularly prominent concern. The HHS report notes that puberty blockers may adversely affect bone density during a critical developmental period. Because adolescence is when much of peak bone mass is built, interference here could have long-lasting consequences.

These concerns are all the more worrisome when you consider that "most children with this disorder will 'desist,' with the majority (nearly 85%) experiencing 'reintegration of gender identity with biological sex by the time of puberty in the absence of directed medical or society intervention,'" according to Dr. Hruz.

Medical ethicists also challenge notions of informed consent in youth. Because many interventions have irreversible effects, such as sterilization, there is worry that adolescents may not fully understand or appreciate the long-term implications. The HHS report emphasizes that ethical considerations should play a central role in treatment decisions.

Similarly, the UK's *Cass Review* (Independent Review of Gender Identity Services for Children and Young People), commissioned by the NHS, issued sharp criticism of gender affirming care in 2024. It described pediatric gender medicine as being "built on shaky foundations." The review found that most clinical guidelines for treating gender dysphoria in youth lacked quality evidence. The authors recommended a comprehensive research program to follow youth into adulthood and better assess outcomes before broad clinical adoption.

5. What factors may explain the increase in cases of gender dysphoria in the past decade?

One of the key factors in the increase in gender dysphoria is societal acceptance of the disorder. There are a number of online support networks that encourage individuals to seek gender-affirming care. Other factors include social and peer influences within friend groups and intense online social media. More than 86% of parents reported their child's sudden onset of dysphoria coincided with increased social media and internet use, friendships with peers who identify as trans, or both, according to *The Rapid Onset of Gender Dysphoria* by Dr. Elizabeth Boskey.

Gender dysphoria is also seen more often in individuals with other conditions, such as autism spectrum disorder (ASD) and poor mental health, including depression and experiences of bullying. These existing vulnerabilities may interact with social factors to prompt individuals to seek a diagnosis.

In a 2021 article in Australia's *Frontiers in Psychology*, researchers found that 88 percent of children and adolescents seeking clinical treatment for gender dysphoria suffered from other mental health conditions such as anxiety and depression. They had high rates of unresolved childhood trauma and loss, and suffered from a history of self-harm and suicidal ideation.

Mary Hasson, the Kate O'Beirne Fellow at the Ethics and Public Policy Center in Washington, stated in *The Arlington Catholic Herald*, "a booming gender industry affirms adolescent beliefs in a transgender identity, and then fast-tracks them toward medical interventions that will permanently disfigure their bodies and destroy bodily functions, including fertility."

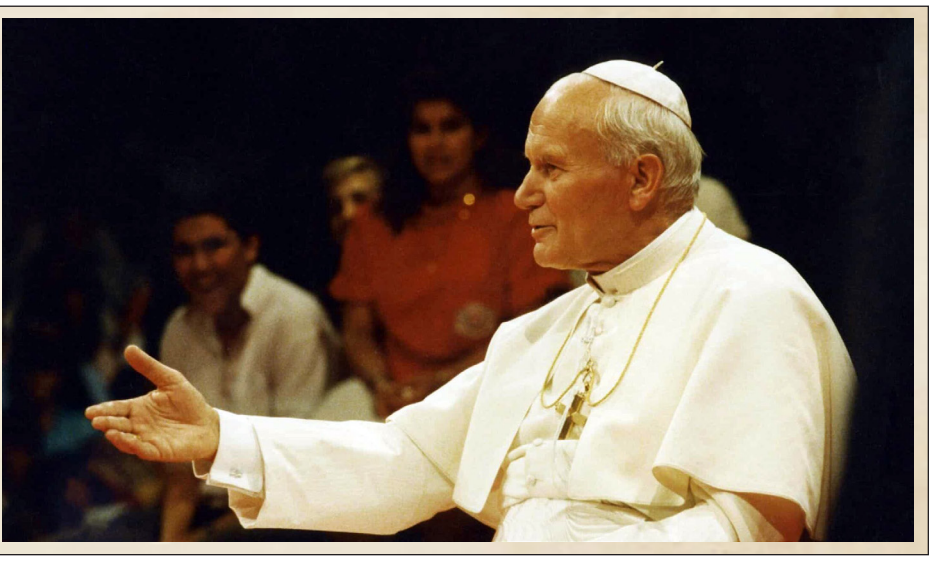
She added that other countries "have halted gender-affirming medical interventions for teens, but the U.S. gender medicine industry refuses to acknowledge the growing medical concerns and continues profiting from these destructive and exploitative practices."

6. Understanding the Terminology (*Diocese of Boise: A Catholic Response to Gender Identity Theory: Catechesis and Policy Recommendations*)

- **Biological Sex:** The sex with which a person is born, regardless of acceptance or perceived identity.
- **Gender Identity Theory:** the belief that one's identity as a man/boy or girl/woman (or both/neither) is based on subjective self-perception rather than biological sex.
- **Gender Identity:** a central concept in Gender Identity Theory that is often defined in a circular way as "an inner sense of one's own gender."
- **Gender:** one's sexed human nature as a man or a woman (or boy or girl). In Gender Identity Theory, this is based on self-perception. In a Catholic understanding, manhood and womanhood encompass the whole person. Thus, gender includes biological sex, as well as the psychological, spiritual, and socio-cultural dimensions of human personhood. While gender (e.g. woman) can be distinguished from sex (e.g. female), gender cannot be separated from sex.
- **Sex:** the organization of the entire body according to the production of large gametes (female) or small gametes (male). Female human beings have the innate potential to create life within, and male human beings

"The body in its masculinity and femininity has been called 'from the beginning' to become the manifestation of the spirit. The body, in fact, and only the body, is capable of making visible what is invisible: the spiritual and the divine."

Pope John Paul II,
Theology of the Body



have the innate potential to create life in another. This potential exists even if it is prevented from being actualized, e.g. because of age or infertility.

- **Intersex/Disorders of Sexual Development:** an umbrella term that encompasses a range of conditions that result in abnormal development of certain sexual characteristics. A more precise term, and one used by the medical establishment, is "Disorders of Sexual Development" (DSD). DSDs are extremely rare (approx. 1 in 2000) and do not represent a "third sex," but rather a range of conditions that disrupt typical sexual development.
- **Gender Affirmative Care:** the therapeutic model based on gender identity theory that urges people with gender dysphoria to reject their biological sex and adopt the social identity of their preferred gender. May also include modifying the appearance of the body through puberty blockers, cross-sex hormones, or surgery.
- **Gender non-conforming:** a general descriptor for traits and behaviors that do not align with cultural gender stereotypes.
- **Gender Dysphoria:** the experience of clinically significant discomfort or distress related to a felt incongruence between perceived gender identity and biological sex.
- **Gender incongruence:** a sense of inner conflict or mismatch between one's perceived gender and biological sex. May or may not create a feeling of dysphoria.
- **Gender-questioning:** a catch-all term for people who are trying to navigate questions or difficulties related to gender.

7. What resources can I look into to better understand the Catholic view on this issue?

- *Catechism of the Catholic Church* (nn. 2332-2335).
- *Compendium of the Social Doctrine of the Church* (n. 224).
- Pope Francis: *Encyclical Letter Amoris Laetitia* (nn. 285-286).
- Pope Francis: *Encyclical Letter Laudato Si'* (n. 155).
- *Dicastery for the Doctrine of the Faith: Declaration Dignitas Infinita* (nn. 55-60).
- USCCB: *Doctrinal Note on the Moral Limits to Technological Manipulation of the Human Body* (nn. 14-21).
- USCCB: *Statement in Response to the 2025 Executive Order "Protecting Children from Chemical and Surgical Mutilation"*.
- Archdiocese of Portland in Oregon: *A Catholic Response to Gender Identity Theory: Catechesis and Pastoral Guidelines.*
- Diocese of Boise: *A Catholic Response to Gender Identity Theory: Catechesis and Policy Recommendations*.
- Catholic Answers (Karlo Broussard): *One Way to Debunk Transgender Philosophy*.
- Catholic Answers (Tom Nash): *What is the Catholic Church's Stance on Transgenderism?*
- The National Catholic Bioethics Center (Fr. Tad Pacholczyk): *Seeing through the Intersex Confusion*.

"On the Unity of the Body and Soul: Accompanying Those Experiencing Gender Dysphoria"

Pastoral letter by Archbishop Paul S. Coakley of Oklahoma City

Below is an exerpt from a pastoral letter by Archbisop Paul S. Coakley, President of the USCCB. The full text can be read at the Catholic World Report.

In our present cultural moment, we are experiencing the rise of the transgender movement, which tragically attempts to promote and normalize transgenderism. Pope Francis has described gender ideology as "one of the most dangerous ideological colonizations." He asks, "Why is it dangerous? Because it blurs differences and the value of men and women."

The promotion and societal acceptance of transgenderism as a movement is witnessed by the topic's increasing media coverage, the growing number of transgender characters in films and political efforts to further the ideology. As a cultural force, it has been particularly effective among young people where the number of youth identifying as transgender has doubled in the past five years.

Jesus commands us to love as we have been loved (John 13:34). Each person who identifies as transgendered is loved by God and is a person Jesus Christ died to redeem. To love like Christ means to desire the good of the individuals in our lives and to walk with them, regardless of their degree of openness to the good. But what is good for human persons, and in this context, for human persons experiencing gender dysphoria? This is the foundational question, and it is where the fault lines emerge. The culturally dominant transgender movement has an understanding of nature and purpose radically at odds with the Catholic understanding of the human person.

The transgender movement is rooted in a modern form of dualism where body and soul/mind/spirit are separate realities. In this view, the human person is the immaterial inhabitant of a physical host. The material body therefore can be manipulated in service to the immaterial soul/mind/spirit. Where the transgender movement sees a disconnect between the material and immaterial, Catholics see a beautiful unity as described earlier in this letter.

Pope Francis has noted that "today children — children — are taught in school that everyone can choose his or her sex. Why are they teaching this? Because the books are provided by the people and institutions that give you money. These forms of ideological colonization are also supported by influential countries. And this is terrible!" The movement is, simply put, an evil infecting our world in this time and place, and it must be rejected completely even as we love unconditionally those bound in its snares.