ARCHDIOCESE OF PORTLAND IN OREGON

Praised be Jesus Christ!

It is with great joy and gratitude to Our Lord that I share this document to provide clarity on the Catholic Church's teaching on gender identity theory. I hope that you will find in these guidelines, as I do, the beauty of the Church's timeless teachings, the depth of God's love for us, and his desire for us to love one another, even amid what can be a confusing and complicated cultural reality.

I offer these guidelines as a teaching and formation resource and also as encouragement and hope for everyone working with those dealing with gender issues. May everyone who reads this document feel the love and compassion with which it was written and feel their hearts turned toward Our Lord Jesus Christ and to his truth.

Given on the 25th day of January, 2023, the feast of the Conversion of St. Paul.

Most Reverend Alexander K. Sample
Archbishop of Portland in Oregon

ARCHDIOCESE OF PORTLAND IN OREGON

A CATHOLIC RESPONSE TO GENDER IDENTITY THEORY:
Catechesis and Pastoral Guidelines

For the Archdiocese of Portland in Oregon

OVER THE PAST DECADE, new claims and questions about "gender identity" have gained prominence throughout the Western world. This has prompted a significant change in how young people conceptualize and articulate their self-understanding, especially when it comes to gender; some of this change in self-understanding is due to many of the cultural influences from social media and the like. In the United States, 43% of trans-identified people are below the age of 25, and trans-identification in this age group has doubled since 2017.[1] In the UK, the number of young people seeking gender transition rose by almost 6,500% between 2009 and 2022.[2] New Zealand, Finland, Canada, and the Netherlands have recorded similar increases in gender dysphoria among young people.[3] In the midst of this shifting landscape, many priests, parents, and educators have been seeking support from the Church for the raising of children. Catholic institutions must respond to this complex cultural phenomenon with compassion, clarity, and fidelity to the truth, which is most fully revealed in the person of Jesus Christ. This document aims to provide preliminary guidance for Catholic schools, religious education programs, sacramental preparation programs, and youth ministry activities for our youth up to 18 years of age in the Archdiocese of Portland, in order to support and accompany gender-questioning students and their families in a way that ensures our Catholic Institutions fulfill their Catholic mission.

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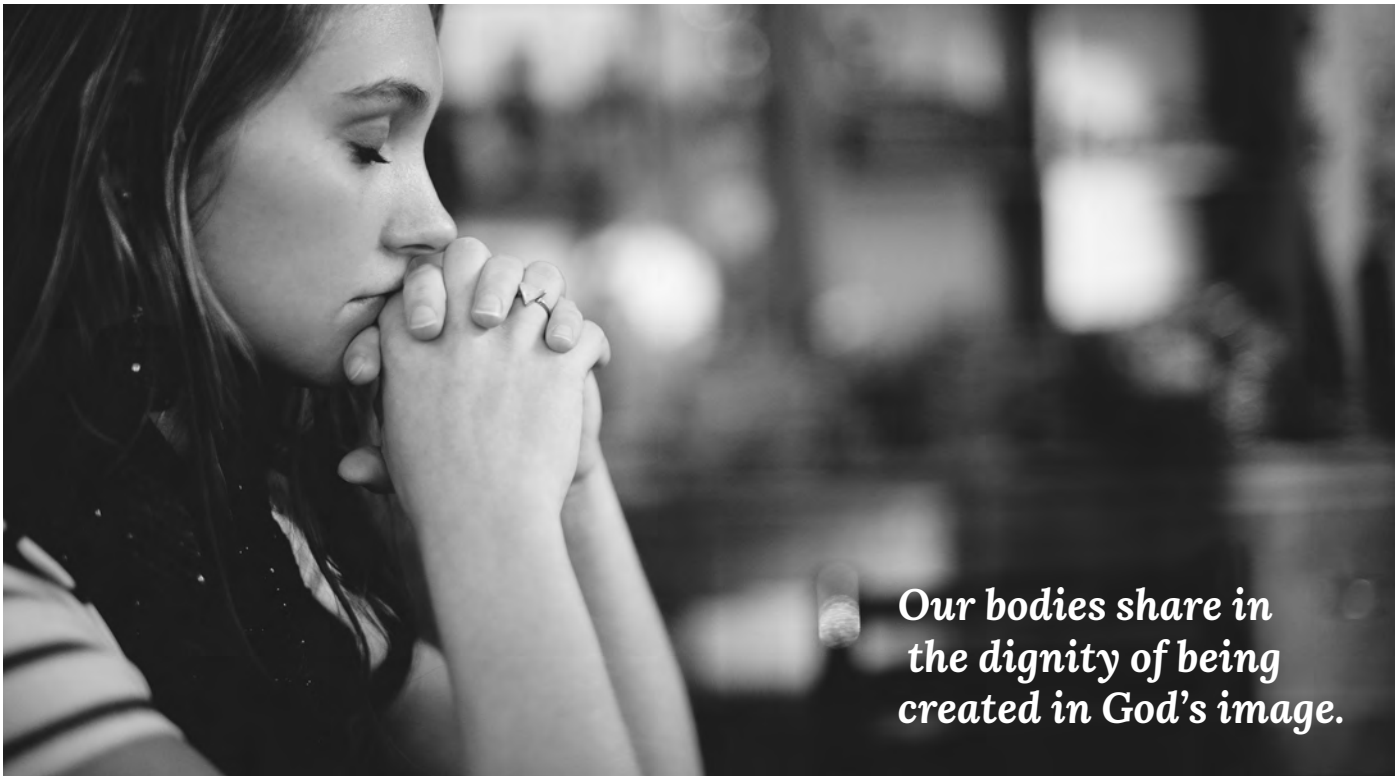


I. The Truth and Dignity of the Human Person

The first chapters of Genesis in sacred scripture provide the foundation for a Catholic *anthropology*—the Catholic understanding of the human person. According to our faith, human beings are made in the image and likeness of God (Gen 1:27). We are set apart from the rest of creation because we uniquely "are called to share, by knowledge and love, in God's own life."[4] This is our ultimate purpose, our supreme vocation.

Genesis also conveys, through figurative language, that every human being is a unity of body and soul. In the human person, "spirit and matter … are not two natures united, but rather their union forms a single nature."[5] Our embodied existence, "whole and entire," is willed by God, and our bodies share in the dignity of being created in God's image.[6]

One aspect of our embodied existence is *sexual difference*: maleness and femaleness.[7] Because of the profound unity of body and soul, one's nature as a man or a woman is rooted in sexed embodiment. This feature of our humanity is the crowning flourish of God's creative work in Genesis:

> "'Being man' or 'being woman' is a reality which is good and willed by God: man and woman possess an inalienable dignity which comes to them immediately from God their Creator. Man and woman are both with one and the same dignity 'in the image of God.' In their 'being-man' and 'being-woman,' they reflect the Creator's wisdom and goodness."[8]

Sexual difference has profound significance for our earthly life; it is only through the union of male and female that new human beings come into existence. Yet sexual difference also carries profound spiritual meaning. Maleness and femaleness signal our capacity for an interpersonal communion that is life-giving; this reflects, or "images," God's Trinitarian nature. God himself is an interpersonal communion and the generative fount of all life. Sexual difference is thus one way that God reveals himself to us and through us.

God himself is an interpersonal communion and the generative fount of all life. Sexual difference is thus one way that God reveals himself to us and through us.

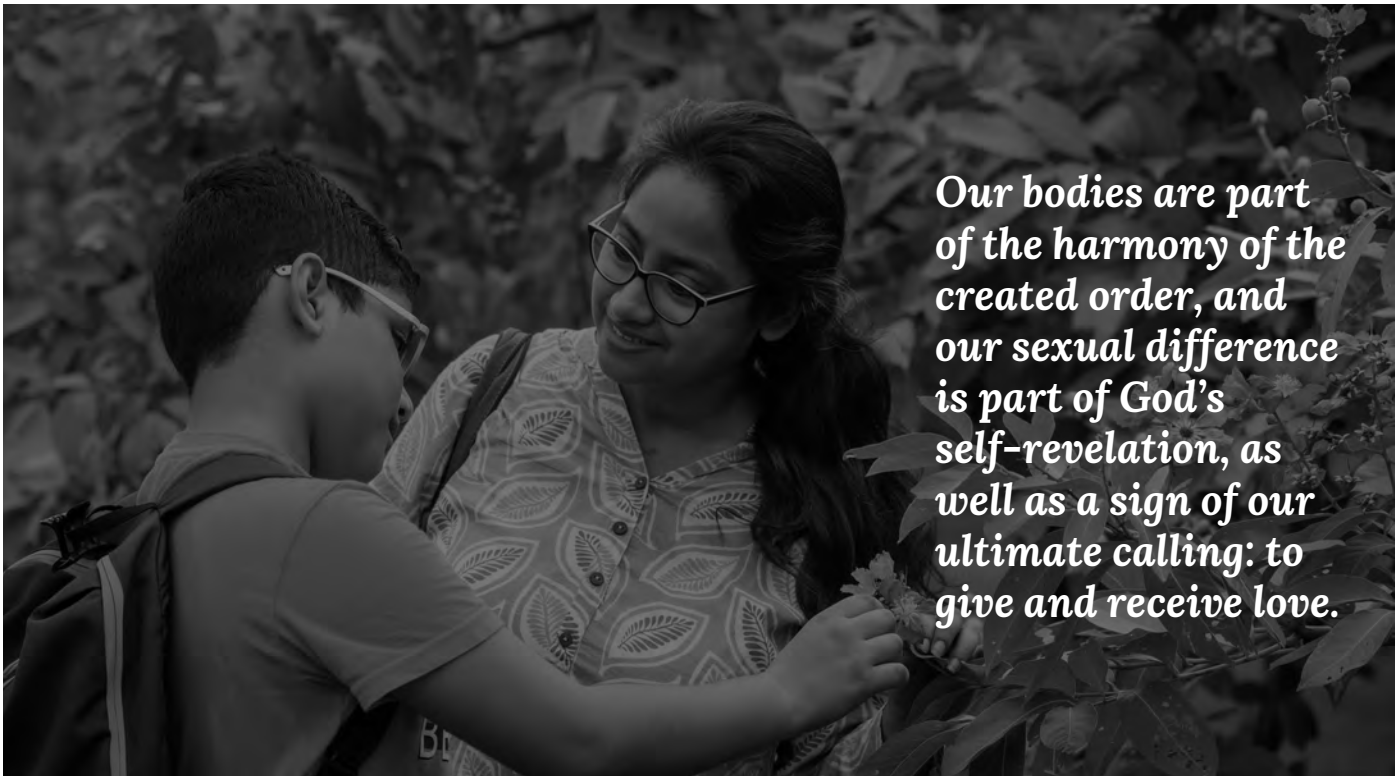
St. John Paul II's reflections on sacred scripture, known as *The Theology of the Body*, offer profound meditations on the dignity and meaning of the human body. It is only through the body that the hidden spiritual reality of a human person is made manifest; the body reveals the person. This endows the human body with an important sacramental function, making visible what would otherwise remain unseen.

The dignity and spiritual significance of human embodiment is integral to all the central mysteries of the Christian faith: the Incarnation of Christ, wherein the divine Word takes on a human nature; the Crucifixion, wherein Christ offers his body as a sacrifice of love for all; the Resurrection, wherein Christ rises bodily from death and ascends to the Father; the Eucharist, wherein Christ's body and blood are presented anew at the altar for us to partake; and the coming resurrection of the dead, wherein we, too, will have our full nature—body and soul—restored and perfected.

As Pope Francis has emphasized, another important aspect of the human vocation is also stewardship of creation, and accepting the givenness of our bodies is part of that stewardship:

> "The acceptance of our body as a gift from God 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 an 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."[9]

In the light of the Catholic faith, the human body is a gift, good and willed by God. Our bodies are part of the harmony of the created order, and our sexual difference is part of God's self-revelation, as well as a sign of our ultimate calling: to give and receive love.



II. Gender Identity Theory

The Catholic understanding of the human person is at odds with "gender identity theory," a framework that is increasingly dominant in Western culture. According to this model, one's identity as a man, woman, or both/neither is based solely on subjective self-perception. The term 'transgender' has entered common usage by those who advocate gender identity theory. This theory separates "gender" (man-ness and woman-ness and the masculine and feminine principles found in nature itself) from biological sex, rooting sexed identity in a dissociated self-perception rather than the body. In cases of a felt incongruence between gender identity and sex, this model affirms the subjective sense of gender over the objective fact of biological sex and recommends the process of "transitioning" to identify as one's chosen, rather than given, sex.

The process of transition can take numerous forms, but the standard framework delineates four stages of "gender affirming care" (GAC) for young people: *social transition*, puberty blockers, hormone therapy, and surgeries.[10] Social transition includes adopting the name, pronouns, facilities use, clothing, and appearance that align with the subjective sense of gender. Puberty blockers, cross-sex hormones, and surgeries are all aspects of *medical transition*.

To some, supporting aspects of social transition may seem benign, even humane, such as using someone's preferred pronouns and actively affirming his or her perceived gender. However, while well-intentioned, this kind of endorsement may help shepherd a young person on a path of unnecessary medicalization. Social

transition is often the first step toward hormones and surgery. A 2020 survey of transgender and nonbinary youth found that 64% of respondents were either already receiving cross-sex hormones or desired to do so.[11] Danish researchers who first used puberty blockers on gender dysphoric children found that social transition increased the likelihood that dysphoria would persist and result in medicalization.[12] Social transition can also include practices such as breast-binding and genital tucking, both of which have been shown to have adverse effects on physical health, like testicular torsion and reduced fertility in males, and abnormal lung function and back pain in females.[13] Moreover, a 2020 study on the effects of social transition found that family and peer relations, but not *social transition status*, predicted psychological functioning.[14] In other words, providing young people with love and social support need not be equated with endorsing the GAC model.

The process of medical transition for young people with gender incongruence often begins with puberty blockers that disrupt the process of sexual maturation. The purpose of this procedure is to halt the body's natural course of masculinization or feminization to facilitate subsequent cosmetic changes that can better approximate the appearance of the opposite sex. These changes most often involve taking cross-sex hormones and can also include surgeries that remove reproductive organs and alter genitalia. It is important to emphasize that the desired effect of these procedures is cosmetic; they do not treat a clearly identified *physiological* condition. Because of this, medical transition, which can lead to permanent sterility and ongoing harm to the body, is incompatible with Catholic medical ethics as well as Catholic anthropology.

Proponents of the GAC model believe that these cosmetic procedures will lead to better psychological outcomes and an increased quality of life. It is well documented that transgender people have higher risks of suicide, and thus it is supposed that these procedures are ultimately life-saving. However, these claims are not well supported by scientific evidence, particularly when it comes to treating gender dysphoric young people.[15] There are very few studies that track the long-term outcomes of medical transition, and most studies lack controls, rely on convenience samples and/or small samples, and have considerable lack of follow-up. One of the few robust, long-term studies available found that individuals who have undergone medical transition have a rate of suicidality that is 19 times higher than the general population.[16] While a 2020 study found an *initial* reduction in suicidality after beginning the "gender affirmation" process, instances of self-injury and suicide contemplation remained high throughout the process, a finding that corroborates several European studies.[17] This evidence indicates that medical transition, at best, does not solve the problem of elevated suicidality and, at worst, exacerbates it.

It is important for Catholic institutions to adopt practices that harmonize with both faith and reason and enable them to fulfill their Catholic mission.

Some countries are recognizing and responding to the dearth of high-quality evidence that supports GAC, especially for young people. In February 2022, a Swedish government oversight agency conducted a systematic

review of all available evidence and concluded that the supposed benefits of medicalization for gender dysphoric youth do not outweigh the known risks. Sweden is now prioritizing psychotherapeutic interventions.[18] Similar course corrections are happening across Europe, for example in Finland, France, and the UK.[19]

This prudential shift is not yet happening in North America, however. Increasingly, American educational institutions are expected to actively participate in the social transition process by adopting preferred pronouns and organizing sports and facility use according to subjective gender identification. School staff may also be asked to participate in medical transition by administering puberty blockers or cross-sex hormones. Medical institutions in the United States are likewise urged to endorse the GAC model and offer both surgical and hormonal interventions. Because GAC is in conflict with a Catholic worldview, and, furthermore, is not supported by robust scientific evidence, it is important for Catholic institutions to adopt practices that harmonize with both faith and reason and enable them to fulfill their Catholic mission.

III. Pastoral Guidelines

Catholic institutions and programs should not endorse gender identity theory nor enable any form of gender transition, whether social or medical. This means that names, pronouns, facilities use, attire, and sports participation should depend upon biological sex identity, rather than self-perceived gender identity.

- **Language:** designations and pronouns should accord with biological sex.[20] Any formal institutional documentation should use legal names. Nicknames may be used on an informal basis, according to prudential judgment, as long as this is not part of a social transition process.
- **Facilities:** restrooms and locker rooms should be organized according to biological sex. Access to single-use facilities may be approved by the administration on a case-by-case basis.
- **Sports and extracurriculars:** participation in any sex-segregated activity should be based on biological sex, rather than self-perceived gender.
- **Attire:** all persons should abide by the dress or uniform code that accords with his or her biological sex.
- **Educational materials:** all informational and pedagogical materials should align with a Catholic understanding of the human person.
- **Formation:** schools should offer age-appropriate curricula and conversations about gender and sexuality in the context of the Catholic worldview.
- **Parental involvement:** as parents are the primary educators, parents should be fully included in any discussions of accommodations.
- **Medication:** no person should have on-site or distribute medications for the purpose of medical gender transition.
- **Signage:** Catholic institutions should not post signage or display symbols in support of gender identity theory.

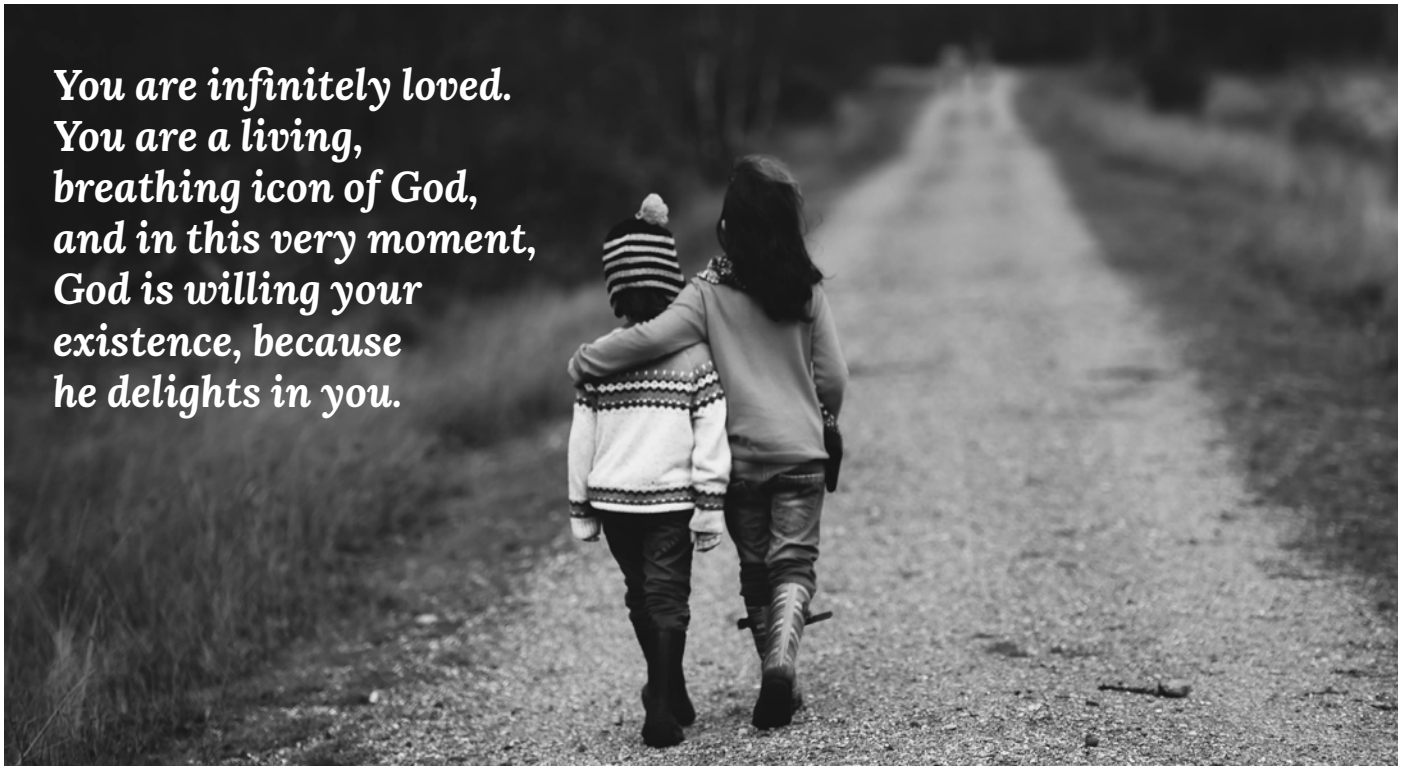
IV. Whole-Person Affirmation: A Catholic Response

A response to gender identity theory that is both truthful and loving cannot end with simply stating what Catholic institutions *won't* do. Catholics must also articulate what we *will* do by offering a positive vision of the human person and a path of accompaniment for gender-questioning youth and their families.

A Catholic approach should offer *whole-person affirmation*, rather than restricting affirmation to a subjective sense of gender identity. This means affirming the entire person: body and soul. Whole-person affirmation begins by *affirming the belovedness of every person*. The first and most important truth that each young person needs to hear is this: *you are infinitely loved*. You are a living, breathing icon of God, and in this very moment, God is willing your existence, because he delights in you.

Whole-person affirmation also *affirms the goodness and sacramentality of the body*. Our body reveals our personhood. This is not something we need to force the body to do; the body is always doing it. Nonetheless, a positive view of embodiment also acknowledges its burdens. Being a body is difficult and painful at times; the limits and vulnerabilities of being a body reveal our interdependence on one another and ultimately our dependence upon God, and our need for his healing.

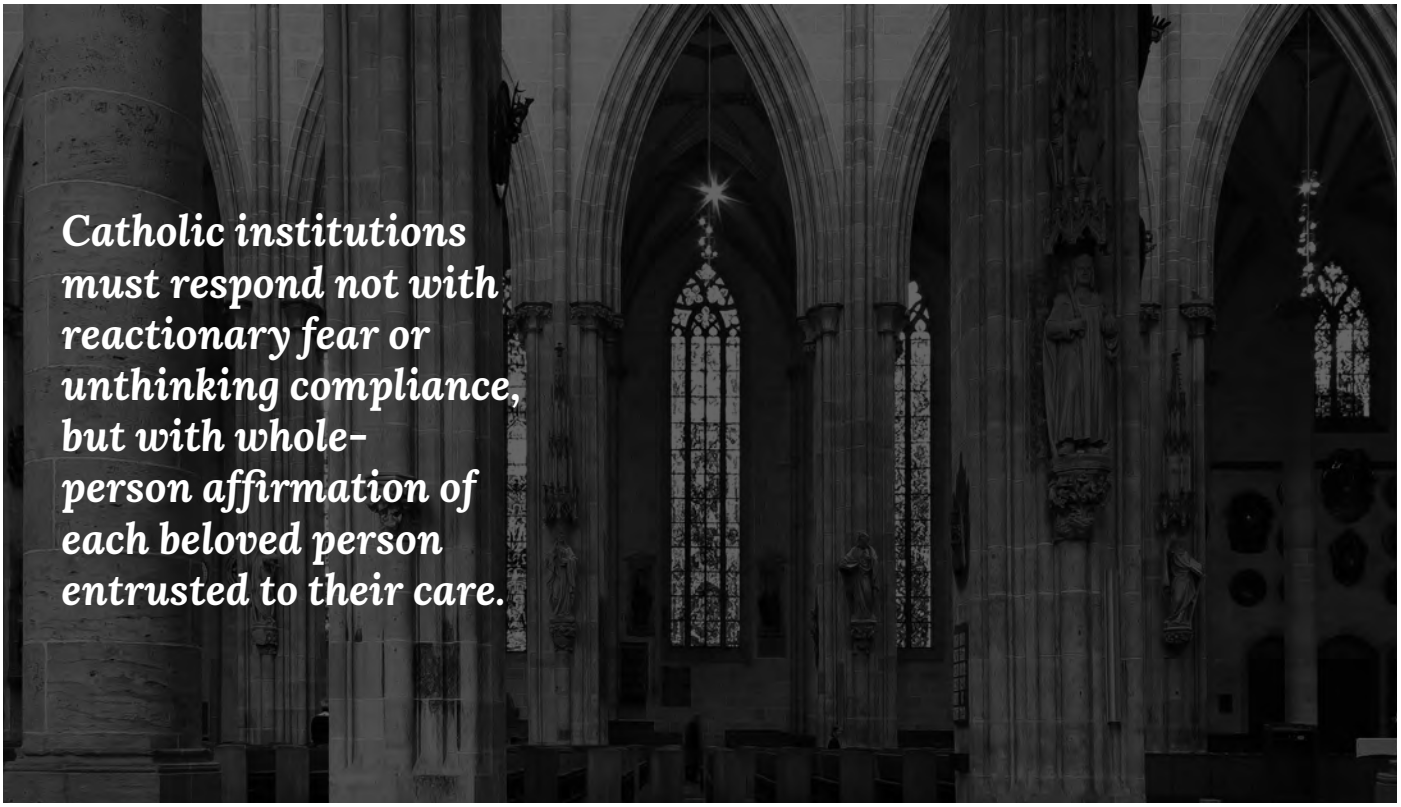
In our fallen world, we all experience a sense of disintegration, inner tensions between our reason, our will, and our desires. Sometimes we can experience our human condition as a living contradiction. Nevertheless, the Christian revelation shows us that the resolution to this often painful dilemma cannot be achieved



through externalizing, projecting or "acting-out" those antinomies and disharmonies, but rather through arduous inner work and relying on the grace of God. Some people can also experience deep disharmony with their bodies, or a sense of incongruence with their sex. The experience of sex incongruence or dysphoria is not itself sinful, just as concupiscence itself is not a sin.[21] Those who experience gender dysphoria should not be judged, rejected, or ignored, but met with compassion.

Whole-person affirmation also *affirms the uniqueness of the individual*. Every human person is a masterpiece of the Creator. There is no one "right way" to be a boy or girl, a man or a woman. While each person participates in the reality of sexual difference, each individual is unique. Young people need to be given positive and diverse models of manhood and womanhood, and encouraged to discern and develop their distinct gifts and singular personalities. The Catholic tradition is rich with saints and exemplars who lived out the vocation to love in myriad ways, and some of them did not conform with the gender stereotypes and norms of their time. Gender identity theory can at times reinforce restrictive gender stereotypes by claiming that a gender-atypical child is actually the opposite sex. Because the Catholic worldview affirms that gender—one's identity as man or woman—is grounded in the sexed body, rather than cultural stereotypes that are currently in vogue, there is great freedom and diversity in how masculinity and femininity are lived out in the world.

Whole-person affirmation also *affirms the need for accompaniment*. Accompaniment is a commitment to walk alongside someone, an ongoing process of being-with. To accompany is to say with both word and action: "I will be with you in this process of discernment and discovery, which may involve disagreement, because I care about your ultimate good." Pope Francis describes the art of accompaniment in his encyclical *Evangelii Gaudium*. Accompaniment is a pilgrimage, a "journey with Christ to the Father," not a "sort of therapy supporting [someone's] self-absorption."[22] Accompaniment is



characterized by the "art of listening," listening that is "respectful and compassionate."[23] Accompaniment requires great patience and "docility to the Spirit," as well as humility—an awareness of our own limits—and reverence for the ultimate mystery within each person that only God can fully know.[24]

We are given a model of accompaniment in sacred scripture at the end of the gospel of Luke, when Jesus meets two disciples on the road to Emmaus. He begins by meeting them where they are—in this case, fleeing Jerusalem, full of angst and fear. He asks them questions; he seeks to understand what they are thinking and feeling. He listens. He does not impose upon them; in fact, he waits for an invitation to stay with them. He discloses the truth gradually, tactically—but *he does teach them the truth*; he leads them into deeper knowledge of himself. The journey they are walking has an ultimate destination, and in the end, the disciples return to Jerusalem in joyful worship, set free from fear.

Gender identity theory and gender affirming care offer a simplistic and a psychologically regressive response to a person in distress. GAC is neither patient nor inquisitive, but quick to impose a one-size-fits-all framework that obscures comorbid conditions, complex circumstances, and the developmental process of adolescent identity formation.[25] Any therapeutic approach that does not address the whole person, *body and soul*, cannot lead to human flourishing and conflicts with the Catholic faith.

In this time of great confusion about gender, Catholic institutions must respond not with reactionary fear or unthinking compliance, but with whole-person affirmation of each beloved person entrusted to their care.

Glossary of Terms

Embodied Existence: the objective reality of living, having being, or existing in the material world as a body with all of its perfections and limitations. The human person, created in the image of God, is a being at once corporeal and spiritual. Human beings are a unity of body and soul; spirit and matter, in man, are not two natures united, but rather their union forms a single nature. Human beings experience this embodiment as male or female. The body is understood as an essential part of who a person is and not merely some kind of a prison or shell to be discarded.

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.[26]

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 Dysphoria: the experience of clinically significant discomfort or distress related to a felt incongruence between perceived gender identity and 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 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 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 non-conforming: a general descriptor for traits and behaviors that do not align with cultural gender stereotypes.

Gender-questioning: a catch-all term for people who are trying to navigate questions or difficulties related to gender.

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.[27]

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 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.

Endnotes

[1.] Report Reveals Sharp Rise in Transgender Young People in the US. The New York Times. June 10, 2022. The full report from the Williams Institute can be found here: How Many Adults and Youth Identify as Transgender in the United States? - Williams Institute.

[2.] This data is taken from the Gender Identity Service of the NHS in the UK. There were 77 total referrals in 2009-2010 (Referrals to the Gender Identity Development Service (GIDS) level off in 2018-19). In 2021-22 there were 3,585 referrals to GIDS (Number of referrals to GIDS - Gender Identity Development Service), plus an additional 1,500 referrals from NHS England (Regional model for gender care announced for children and young people), totaling 5,085.

[3.] Wiepjes, C.M., Nota, N.M., de Blok, C.J.M., et al (2018). The Amsterdam Cohort of Gender Dysphoria Study (1972-2015): Trends in Prevalence, Treatment, and Regrets. Journal of Sexual Medicine 15 (4). See also: Delahunt, J.W., Denison, H.J., Sim, D.A., et al (2018). Increasing rates of people identifying as transgender presenting to Endocrine Services in the Wellington region. N Z Med J 131: 33-42. See also: Kaltiala-Heino, R., Sumia, M., Työläjärvi, M. et al (2015). Two years of gender identity service for minors: overrepresentation of natal girls with severe problems in adolescent development. Child and Adolescent Psychiatry and Mental Health 9 (1). Aitken, M., Steensma, T.D., Blanchard, R., et al (2015). Evidence for an altered sex ratio in clinic-referred adolescents with gender dysphoria. J Sex Med 12 (3): 756-63.

[4.] The Catechism of the Catholic Church, §356.

[5.] Ibid, §365

[6.] Ibid, §362

[7.] This is often misunderstood as biologistic gender essentialism. It is not. It is, rather, a description of the archetypal forms of humanity.

[8.] Ibid, §369

[9.] Pope Francis, Laudato Si, §155.

[10.] "Gender-Affirming Care and Young People." HHS Office of Population Affairs. March 2022.

[11.] Green, A. E., DeChants, J. P., Price, M. N., & Davis, C. K. (2022). Association of Gender-Affirming Hormone Therapy With Depression, Thoughts of Suicide, and Attempted Suicide Among Transgender and Nonbinary Youth. The Journal of Adolescent Health : official publication of the Society for Adolescent Medicine, 70(4), 643–649.

[12.] de Vries, A.L.C. & Cohen-Kettenis, P.T. (2012). Clinical Management of Gender Dysphoria in Children and Adolescents: The Dutch Approach. Journal of Homosexuality, 59:3, 301-320.

[13] Debarbo, C.J.M. (2020). Rare cause of testicular torsion in a transwoman: A case report. Urology Case Reports 33. See also: Trussler, J. T., & Carrasquillo, R. J. (2020). Cryptozoospermia Associated With Genital Tucking Behavior in a Transwoman. Reviews in urology, 22 (4), 170–173. See also: Peitzmeier, S., Gardner, I., Weinand, J., Corbet A. & Acevedo, K. (2017). Health impact of chest binding among transgender adults: a community-engaged, cross-sectional study. Culture, Health & Sexuality 19 (1): 64-75. See also: Poteat, T., Malik, M., & Cooney, E. (2018). Understanding the health effects of binding and tucking for gender affirmation. Journal of Clinical and Translational Science 2 (Suppl 1), 76. See also: Peitzmeier, S.M., Silberholz, J., Gardner, I.H., Weinand, J. & Acevedo, K. (2021). Time to First Onset of Chest Binding-Related Symptoms in Transgender Youth. Pediatrics 147 (3). See also: Cumming, R., Sylvester, K. & Fuld, J.P. (2016). Understanding the effects on lung function of chest binder use in the transgender population. Thorax 71.

[14] Sievert ED, Schweizer K, Barkmann C, Fahrenkrug S, Becker-Hebly I. (2021). Not social transition status, but peer relations and family functioning predict psychological functioning in a German clinical sample of children with Gender Dysphoria. Clin Child Psychol Psychiatry. 26(1):79-95. These findings corroborate an earlier 2019 study that compared socially transitioned children with gender non-conforming children who had not socially transitioned. Wong, Wang Ivy & van der Miesen, Anna & Li, Tjonnie & MacMullin, Laura & Vanderlaan, Doug. (2019). Childhood social gender transition and psychosocial well-being: A comparison to cisgender gender-variant children. Clinical Practice in Pediatric Psychology. 7. 241-253.

[15] For a thorough overview of existing evidence, see Paul Hruz M.D. (2021). "Medical Approaches to Gender Dysphoria." Transgender Issues in Catholic Health Care. Ed. Edward J. Furton. The National Catholic Bioethics Center, pp. 1-41. See also: Biggs, Michael. (2022). "The Dutch Protocol for Juvenile Transsexuals: Origins and Evidence," Journal of Sex & Marital Therapy, DOI: 10.1080/0092623X.2022.2121238.

[16] Dhejne C, Lichtenstein P, Boman M, Johansson ALV, Långström N, et al. (2011) "Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden." PLOS ONE 6(2): e16885. See also the following studies which show that suicidality remains high after transition, a finding that remains consistent across time and various cultures: Virupaksha HG, Muralidhar D, Ramakrishna J. (2016). "Suicide and Suicidal Behavior among Transgender Persons." Indian J Psychol Med 38(6): 505-509; De Blok CJ, Wiepjes CM, van Velzen DM, et al. (2021). "Mortality trends over five decades in adult transgender people receiving hormone treatment: a report from the Amsterdam cohort of gender dysphoria." Lancet Diabetes Endocrinol. 9(10): 663-670.

[17] Hughto JMW, Gunn HA, Rood BA, Pantalone DW (2020). "Social and Medical Gender Affirmation Experiences Are Inversely Associated with Mental Health Problems in a US Non-Probability Sample of Transgender Adults." Arch Sex Behav. 49(7):2635-2647.

[18] "Updated recommendations for hormone therapy for gender dysphoria in young people." Sweden National Board of Health and Welfare. Feb. 22, 2022.

[19] "Doubts are growing about therapy for gender-dysphoric children," The Economist. May 13, 2021. "Puberty Blockers:

French Medical Academy Urges Great Caution." The National Review. April 6, 2022. "The Cass Review: Independent review of gender identity services for children and young people," interim report published March 10, 2022.

[20.] Proponents of gender identity theory often point to "intersex" conditions to suggest that biological sex is ambiguous and exists on a spectrum. "Intersex" is 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 rare and do not represent a "third sex," but rather a range of conditions that disrupt typical sexual development. DSDs are best understood as variations within the categories of male and female; in fact, many DSDs are sex-specific. The label "intersex" is often misused to imply that there is a third sex, or a category beyond male and female. This is both inaccurate and dehumanizing, because it implies that males and females who are born with an irregularity in the process of sexual development are not really male or female, but something "other." It is harmful to people with DSDs to have their unique circumstances and needs conflated with gender identity theory, because all DSDs have objectively measurable manifestations of a diagnosable condition that is physiological, whereas gender self-identification is based on subjective experience. Furthermore, the vast majority of DSDs do not result in apparent sex ambiguity at birth. Even in the extremely rare cases that do, a careful look at the entire person will reveal which sex predominates. There has never been, in medical history, a truly hermaphroditic human being, capable of producing both small and large gametes. Conversations about DSDs should always focus on how best to support the unique needs of the individual person, with holistic health and well-being in mind.

[21.] The Catechism of the Catholic Church, §2515.

[22.] Pope Francis, Evangelii Gaudium §170.

[23.] Ibid, §171.

[24.] Ibid, §172

[25.] GAC's reductive and positivistic approach to the complexities and paradoxes of being human opens the door to a kind of scientistic solutionism that relies on the multi-billion dollar pharmaceutical industry and the medicalization of the human subject for answers. As with all ideologies and "-isms", it seeks to impose on suffering humans a one-sided and totalitarian program that only causes more suffering and lasting damage.

[26.] Pope Francis, Amoris Laetitia, §56.

[27.] "About Disorders of Sexual Development." DSD Guidelines. Consortium on Disorders of Sexual Development. Accessed July 2022.