

Gender identity workshop highlights church teaching, pastoral response

MOUNT AIRY - Presenters at a workshop for parish and archdiocesan leaders regarding "The Catholic Church and Gender Identity" emphasized the need to take every case individually in order to provide pastoral care.

More than 150 people gathered at St. Michael Parish, Poplar Springs, March 8 for the daylong seminar sponsored by the archdiocese's Department of Evangelization.

The department embraces the call of Pope Francis, who says, "Do not close yourselves in! Go down among your faithful, even into the margins of your dioceses and into all those 'peripheries of existence' where there is suffering, loneliness and human degradation. A pastoral presence means walking with the People of God, walking in front of them, showing them the way, showing them the path; walking in their midst, to strengthen them in unity; walking behind them, to make sure no one gets left behind but especially, never to lose the scent of the People of God in order to find new roads."

The workshop day was intended to enable ministers in parishes and schools to more fully accompany people who are transgender in love and in truth, according to Ruth Puls, archdiocesan director of catechetical and pastoral formation.

The presenters and organizers pointed out that the workshop was not intended to set policy, but to provide guidance for those in parishes and schools to address issues as they come up.

Father Philip Bochanski, executive director of Courage International and the last of four presenters for the day, noted that the reason that the Catholic Church teaches as it does about sexuality is because we believe in its glorious beauty.

He recounted the story of the disciples on the road to Emmaus and noted that Jesus did not come out and tell them he was the Lord, but asked them questions.

“We need to start with the reality that when we are talking about pastoral care we are talking about persons,” Father Bochanski said. As in the Emmaus story, pastoral ministers should ask questions of those who come to them for care.

“What I would recommend and what I try to do in a pastoral situation,” he said, “is speak of ‘people who experience confusion regarding their sexual identity.’”

Such an attitude puts the person first, a language technique gleaned from ministry to people with disabilities. It also emphasizes that the person “experiences” this, not necessarily suffers or struggles with it, since some are comfortable with it.

He pointed out that no one chooses to be gay or transsexual. “They can choose a certain label. ... ‘Confusion’ is a gentler term but not a neutral one.”

He added that “sexual identity” is not the same as gender identity. The Catechism of the Catholic Church speaks of sexual identity, which is a person’s nature.

Working with the people he has encountered through his work with Courage – which provides pastoral care for Catholic men and women who experience same-sex attraction and helps them live chastely, in accord with church teaching – has transformed his priesthood, Father Bochanski said.

Through it all, he employs the method Jesus did on the road to Emmaus: “Tell me your story. Tell me who you are and where you are coming from.”

Other speakers for the day included Dr. Andrew Sodergren, a licensed psychologist with Ruah Woods Psychological Services; Dr. John-Mark Miravalle, professor of systematic and moral theology at Mount St. Mary’s Seminary in Emmitsburg; and Dr. Diane Barr, chancellor of the Archdiocese of Baltimore, who holds doctoral degrees in canon (church) law and civil law.

Sodergren addressed the topic by looking at the terminology and the factors that lead to gender confusion, his preferred term. Like Father Bochanski, he prefers to speak of sexual identity instead of gender identity.

He noted that biological and cultural differences in genders are well-documented. He acknowledged that in rare cases, hormonal imbalances at conception or in the

womb can result in ambiguous genitalia. People with such a condition are considered “intersex.”

He said that many people in the psychological community are changing the scope of what had been considered Gender Identity Disorder, which is defined as the “clinically significant distress or impairment” associated with the perceived incongruence between one’s psychological/emotional “gender identity” and one’s biological sex. These days, “it’s now considered a disorder only if the person is distressed by it.”

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition – commonly known as the DSM-5, used by the psychological profession – notes that gender dysphoria is rare, about 5 to 14 in 100,000 males and 2 to 3 in 100,000 females. Some researchers indicate slightly higher numbers, he noted.

Majority of early-onset cases (around age 2 or 3) resolve with or without treatment (remit before adulthood), Sodergren said. If gender dysphoria lasts through puberty or is late-onset, it is more likely to be persistent. In such cases, gender dysphoria is associated with other psychological problems (comorbidity). For children, that includes anxiety, depression, disruptive/impulsive behavior problems and autism spectrum disorder. For adults and adolescents, it includes anxiety, depression and more.

There are treatment options apart from transgender surgery (a “sex change”), though those options are dwindling as the World Professional Association for Transgender Health have made it politically incorrect or unethical to use psychotherapy to treat the condition.

Sodergren said treatments such as the standard of care “Dutch Protocol” – which includes delaying the onset of puberty, later administration of exogenous hormones, and eventual surgeries to add or remove breast tissue and/or alter genitalia – amount to treating a psychological problem with physical solution.

He added that such treatments are unproven at best, noting that long-term follow-up of transsexual persons reveals three times higher rate of psychological hospitalization and 19 times higher suicide rate.

Ultimately, he thinks such treatment it is related to a certain worldview from which advocates for those with gender confusion are operating. ... "I believe the intention is benevolent, but ultimately won't be good," Sodergren said. "If they believe body is just stuff, you can manipulate it however you want."

He said, "Metaphysically, a male cannot become a female, and a female cannot become a male."

Mount St. Mary's Miravalle approached the topic from the theological perspective, asking how Catholics respond to the ideas about sexual identity and how we should respond to transgender persons.

He said the trend toward acceptance in society of the transgender movement comes from the core idea that you can separate your body's gender from the biological sex, which the church denies.

"People are saying it's not only possible for people to choose their own gender identity, but that we are morally obligated to support and encourage it," he said.

He noted, however, that we can only come to know who someone is by interacting with their body, through voice, touch, and other senses. "If we say my body doesn't express who I am, then it is the equivalent of saying that no one - not even me - can ever know who I am. We identify our bodies with ourselves."

Miravalle noted that if our body is tired, we say, "I'm tired." If our body is hungry, we say, "I'm hungry."

"If your body is male, shouldn't you say, 'I'm male'?" he asked. "There are lots of freedoms, and we support those," but we cannot go against our nature. For example, he said, we are not free to breathe underwater because we don't have gills, and we cannot eat rocks for nutrition and sustenance.

"You shouldn't use your freedom to go against your whole nature. It's no fun to try breathing under water or eat rocks. ... It's no fun to claim you are female if you are in male body," he added.

Gender is simply the expression of biological sex, in every culture. "That's a sign it's

not a cultural concept; it's human nature," Miravalle said.

"People need compassion. People don't need quotes from the catechism," he said. However, we have to distinguish two different types of compassion - superficial versus deep and profound, a real desire for help.

As an example, he said that when his child was sick, he had to have blood taken for tests. "It hurt me terribly to see him poked with needles." Superficial compassion would have spared him that pain, but left him undiagnosed about his underlying illness, and unable to be healed.

In a similar way, if an person with anorexia said they believed they were still overweight, the superficial response would be to say go ahead and diet some more. "Deep compassion says no, you're not overweight. Let's talk about why you still think that and help you deal with that," Miravalle said.

"You're giving up on someone if you don't offer healing. But we're also giving up on them if we don't offer unconditional love."

In responding to those who experience gender confusion, he said, the church and its ministers need to show people we really do feel the pain with them. We really sympathize/understand the pain and the strong convictions of other people.

"The church's moral teaching is based on human nature. Those insights cannot be contradicted" by personal stories or social science data, he said.

Chancellor Barr's presentation, from the canon law perspective, began with the admonition, "If you take away nothing else: If you have a situation involving transgender folks, please call us. We want to walk with you on this. Given the statistics this won't be overly common."

The birth sexual identity of a person is the basic foundation of the canonical approach, she said.

She said there are already unique circumstances in preparing people to receive sacraments such as baptism and confirmation. "You already know how to deal with preparing people for sacraments. This is just a new situation and new vocabulary."

All of this creates pastoral challenges for parishes. “Can you imagine what it’s like to not be comfortable in your own body to the point you would consider surgery? ... How do we walk with people in such great pain? We already do that. We walk with people through the pain of divorce, through the death of a child,” Barr said.

Kicking off a question-and-answer session at the end of the day, Puls, of the office of catechetical and pastoral formation, reminded the group, “This is not an academic exercise. For many people this is real, these are family members.”

Father Bochanski also noted that in Pope Francis’ image of the church as a “field hospital” for the spiritually ill, his organization, Courage, “is a hospital tent way behind the lines. You’re doing first aid on the front lines.”

He encouraged pastors to empower the people on their front line in the parish office and other ministries to deal with people as they come and then say, “I’m sure our pastor would like to meet with you as well. Before you leave, can we set up an appointment with him?”

Holly Britton, a member of St. Michael Parish, Poplar Springs, attended the workshop because she is one a group trying to start a youth group at the parish with the director of formation. She hoped to “learn the church’s stance on situations we might face so we can provide a welcoming environment and the church teaching.” She said it was an important topic to be addressed. “We are concerned and we want to be informed.”

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