Philosophy and Theology: Sex Reassignment Surgery

Christopher Kaczor

Follow this and additional works at: https://digitalcommons.lmu.edu/phil_fac

Part of the Philosophy Commons

This Article is brought to you for free and open access by the Philosophy at Digital Commons @ Loyola Marymount University and Loyola Law School. It has been accepted for inclusion in Philosophy Faculty Works by an authorized administrator of Digital Commons@Loyola Marymount University and Loyola Law School. For more information, please contact digitalcommons@lmu.edu.
In his book *When Harry Became Sally*, Ryan Anderson tackles a variety of transgender issues from a philosophical perspective.¹ But his well-researched book does not try to examine these issues by explicitly bringing to bear the resources of the Catholic intellectual tradition.

One of the most important transgender issues, and a practical matter for Catholic hospitals and physicians, is the ethics of gender reassignment surgery, sometimes called a “sex change,” “transsexual surgery,” or “sex reassignment surgery.” The ethics of gender reassignment surgery raises a number of significant questions: Does gender dysphoria arise from purely psychological causes, or does it have some genetic basis? Do the origins of gender dysphoria make an important difference for the ethics of gender reassignment surgery? Is the attempt to change a male into a female wrong because it is futile? Is gender reassignment surgery intrinsically evil because it is a form of mutilation, or is it akin to the removal of pathological organs which endanger the good of the whole, as in the removal of a cancerous uterus?

In “Gender Reassignment Surgery: A Catholic Bioethical Analysis,” David Albert Jones, the director of the Anscombe Bioethics Centre, in Oxford, and a corresponding member of the Pontifical Academy for Life, tackles these questions:

I aim to clarify here whether [gender reassignment surgery] is compatible or incompatible with the principles of bodily integrity and totality, as expounded by Pope Pius XII, and thus whether such procedures raise serious ethical problems for Catholic hospitals and for Catholic health care professionals. My aim is not to defend these ethical principles or their general applicability. The question addressed by this article is rather: If one accepts the validity of the principle of totality and its relevance to all forms of surgery, how does

---

this apply to [gender reassignment surgery] and to related interventions such as hormone therapy and social transitioning?²

Gender reassignment surgery is not an explicit topic in the Catechism of the Catholic Church, papal encyclicals, or the Ethical and Religious Directives for Catholic Health Care Services. Nevertheless, Jones provides a helpful but not exhaustive overview of theological and bioethical perspectives on gender reassignment surgery since the 1950s.

In his 1956 book Medical Ethics, Edwin Healy provides three arguments against surgical attempts to change a male into a female.³ He argues that such surgeries constitute a form of mutilation because they remove healthy sexual organs. Moreover, the operation is futile because it is impossible to turn a male into a female or vice versa. If an operation is futile, it is morally wrong, as it wastes resources and exposes the patient to needless risk. Finally, such surgeries harm a person by making him or her unfit to marry.

Just over twenty years later, Rev. Albert Moraczewski contributed to the discussion by criticizing a fundamental presupposition of some defenses of gender reassignment surgery, namely, that a female soul could be trapped in a male body or vice versa.⁴ Moraczewski rejects the implicit body–self dualism of such defenses, which considers “me” to be one thing and “my body” to be something distinct from the personal “me.” According to this way of thinking, the real “me” (my soul or mind) might be female, and this real me could be trapped in a male body. However, as St. Thomas Aquinas notes in his commentary on St. Paul’s first letter to the Corinthians, “I am not my soul.”⁵ Body–self dualism is problematic from a philosophical perspective, in part because it misconstrues the relationship of body and soul.⁶ The soul is not trapped in the body like water inside a container. The human soul informs the human body; it organizes the biological material, making the body a living body, a human person.

Even if for the sake of argument we accepted body–self dualism, it would still be problematic to consider the soul to be male or female. Lawrence Mayer and Paul

---


McHugh point out, “The underlying basis of maleness and femaleness is the distinction between the reproductive roles of the sexes; in mammals such as humans, the female gestates offspring and the male impregnates the female. More universally, the male of the species fertilizes the egg cells provided by the female of the species. This conceptual basis for sex roles is binary and stable, and allows us to distinguish males from females on the grounds of their reproductive systems, even when these individuals exhibit behaviors that are not typical of males or females.”

To be male or female is to have bodily characteristics ordered to the reproduction of bodily creatures. If the soul is an immaterial principle, then like other immaterial realities it does not have weight, length, or any other bodily characteristic. Just as a soul is not composed of an odd number or an even number of molecules, so too it is not male or female. But if a soul is not male or female, it is impossible for a female soul to be trapped in a man’s body.

Although he rejects the Cartesian dualism of female souls trapped in male bodies and vice versa, Moraczewski raises an interesting consideration: could a male individual by some genetic defect appear to be female? Obviously, this is possible at the level of superficial appearance. In his eponymous role in Mrs. Doubtfire, the man Robin Williams appears to be a woman. But Moraczewski’s idea is that someone who is actually male theoretically could have the bodily characteristics of a female. If a male can appear in bodily manifestation as female, then perhaps it could be that “God created a male and that a sex change operation would be a corrective and be similar to other operations which seek to compensate for, or overcome, a difficulty that is genetic or embryological in origin.” At issue, of course, is what constitutes the necessary and sufficient conditions of an individual’s being male or female. This issue also arises in intersex conditions.

Jones argues against Moraczewski and others who hold that the origin of gender dysphoria makes a critical difference for the ethics of gender reassignment surgery. According to this view, if gender dysphoria has a genetic origin, then gender reassignment surgery would be justified as a way of correcting abnormal development. On the other hand, if gender dysphoria does not have a genetic origin but arises from environmental causes, then gender reassignment surgery would not be permissible.

Jones argues against this view because the crisp dichotomy between nature and nurture does not correspond to the actual origin of many conditions. Typically, a complex interplay of nature and nurture leads to various conditions, making it impossible to easily differentiate causes as simply nature or simply nurture. The causes of gender dysphoria are not fully known. It is likely that this distress arises from a complex mix of genetic, uterine, and environmental causes. Jones argues that “an overemphasis on the question of origin, framed as a simple either/or, of nature versus nurture, does not illuminate but obscures the ethical issues at stake.”

---

We do not need to settle questions about the origins of gender dysphoria to answer questions about its ethics.

Moreover, even if it could somehow be shown that gender dysphoria arises from purely environmental causes and has no genetic basis whatsoever, why should the ethics of gender reassignment surgery hinge on the origin of the condition? According to Jones, the origin of gender dysphoria makes no crucial ethical difference for the ethics of gender reassignment surgery: “Imagine if some cases of gender dysphoria were psychological in origin (shaped by interactions in early childhood) whereas others had an identifiable genetic basis, but that the level of distress was the same, the danger of suicide the same, and the intractability of the condition the same. What difference would the origin of the condition make? Would an incongruent sense of gender identity rooted in very early and irradicable psychological influences be any less ‘real’ because the person lacked some genetic feature shared by other gender dysphoric people?”

Next, Jones takes up the questions, “Is there good clinical evidence that [gender reassignment surgery] is effective in ameliorating gender dysphoria? Is surgery that destroys physical function to ease psychological distress justifiable by the principle of totality? And, aside from the issue of mutilation, that is, aside from the harm done to bodily integrity, are there other reasons to characterize [gender reassignment surgery] as intrinsec malum?” A number of authors have criticized gender reassignment surgery on the grounds that its benefits for psychological well-being do not compensate for the loss of bodily integrity. Such questions are vitally important, but they do not provide an answer to whether these surgeries are intrinsically evil. After all, an action is not intrinsically evil on the basis of proportionality. The various burdens and benefits that arise from an action depend on innumerable circumstances which presumably never allow for a univocal answer. Moreover, since surgical techniques and interventions are constantly changing, the benefits and burdens of such interventions will presumably shift over time. By contrast, intrinsically evil actions are impermissible in all times, places, and circumstances. If the ethical case against gender reassignment surgery is based simply on the burdens and benefits of such interventions, then new clinical evidence may call for an entirely different ethical evaluation. So a comparison of the burdens and benefits of gender reassignment surgery cannot, in principle, ground a judgment that gender reassignment surgery is intrinsically evil ex objecto.

What is the in-principle argument that gender reassignment surgeries are intrinsically evil? Jones notes that the Church’s condemnation of sterilization as a form of contraception might serve as a basis. As defined by Pope Paul VI in Humanae vitae, contraception is any action that is specifically intended to render the sexual act non-procreative as either an end or a means. Jones points out that gender reassignment surgery does not necessarily involve the intent to render sexual acts non-procreative.

10. Ibid.
11. Ibid.
For example, if a sixty-year-old wants to transition from female to male, this person knows that procreation is no longer possible. So, in this case, gender reassignment surgery is not done for the purpose of rendering sexual acts non-procreative.

Could the principle of totality justify gender reassignment surgery? This principle allows for the removal of a body part for the sake of preventing the corruption of the whole body. A woman with a cancerous uterus may have it removed if that is necessary to save her life. Pius XII clarified that the issue is not simply whether the organ is diseased, but whether the organ, even if healthy, “directly or indirectly brings about a serious threat to the whole body.” Jones explains that not just physical health but the well-being of the whole person is at stake.

If we understand the principle of totality in this way, is gender reassignment surgery justified? Jones ultimately concludes that it is not. Drawing on an overlooked passage from Pius XII, Jones distinguishes what could be called physical objects and intentional objects. Imagine two different ways someone’s nose could undermine the well-being of the whole person. In one case, a cancerous nose is the physical object of problems for the health of the whole body. In a second case, an ugly but physically healthy nose causes distress not as a physical object but as an intentional object—that is, the thought of the unsightly nose causes embarrassment and humiliation. According to Jones’s interpretation of Pius XII, this distinction between physical object and intentional object limits the applicability of the principle of totality: “Because the intentional object of a mental state is not, per se, in a part-to-whole relation, the principle of totality is not available as a justification for harm to the body. This limits which interventions are ethically acceptable. Surgery to remove or disguise the object of distress may be justifiable, but only if it would not cause serious and lasting harm to the body at the level of function. By the same logic, the principle of totality does not apply to [gender reassignment surgery] or to amputation for body dysmorphic disorder.”

The principle of totality applies to the removal of physical causes of lack of health, but it does not apply to the removal of intentional objects leading to lack of health. Jones argues that “the principle of totality does not apply to [gender reassignment surgery] as the sexual organs are a cause of distress because [of] the object of the distress. This could also be expressed by saying that the relation of the sexual organs to the dysphoria is intentional, that is, ‘psychic or spiritual,’ rather than ‘organic’ or part-to-whole.” If gender reassignment surgery cannot be justified by the principle of totality, then the procedure, which deliberately removes healthy reproductive organs, would be an intrinsically evil act of mutilation.

18. Ibid.
How exactly should we define mutilation? There is no standard definition of the term.\textsuperscript{19} Jones defines it in the following way: “Mutilation in the strict sense may be defined as deliberate destruction of biological function that is \textit{either} intended as such (as in the case of sterilization for contraceptive reasons) \textit{or} is an immediate consequence of surgery and is not justified by the principle of totality (as in amputation for body dysmorphia).”\textsuperscript{20} If mutilation in the strict sense defined by Jones is intrinsically evil, then gender reassignment surgery, insofar as it deliberately destroys biological function, is an action that may not be licitly done.

Neither Jones nor others in this discussion closely examine another way of approaching these questions suggested by Pope Francis in \textit{Laudato si’}: “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.”\textsuperscript{21} We are called to love God with our whole heart and to love our neighbor as ourselves. Love of neighbor involves willing his good, appreciating his good, and uniting with him in appropriate ways. So too we are called to love ourselves—willing the good for ourselves (and so avoiding what is evil for us), appreciating ourselves, and bringing about a greater unity within ourselves, for example, by acting with personal integrity. Since human beings are bodily persons, we do not love ourselves properly without also loving our bodies as male or female. Just as we would undermine love of neighbor if we did not accept and appreciate the body of our neighbor as male or female, so too we undermine proper love for ourselves by not accepting and appreciating the reality of our own bodies as male or female.

Jones’s essay is subtle in its appropriation of Catholic thought and sensitive to the plight of persons with gender dysphoria. He suggests important answers to questions that remain open in the Catholic intellectual tradition. We can hope for and expect similar contributions about the ethics of gender reassignment surgery.

\textsc{Christopher Kaczor}

---

\textsuperscript{19.} The definition given by Jones is more specific than one I suggested earlier, namely, that “mutilation is the \textit{intentional} destruction or removal of an organ (or other \textit{vital} body part) that inhibits the function that the organ had \textit{or will likely have} in maintaining the health of the one possessing the organ” (Christopher Kaczor, “Intention, Foresight, and Mutilation: A Response to H. M. Giebel,” \textit{International Philosophical Quarterly} 47.4 (December 2007): 478 note 2, original emphasis, doi: 10.5840/ipq20074748). Adjudicating among rival definitions can lead to philosophical insight, as it does in many Platonic dialogues, but it can also be an exercise in futile disagreement about how to use words. Without coming to a determination of which definition is best, we can carefully distinguish various possible definitions and clarify the particular sense intended before using the terms.

\textsuperscript{20.} Jones, “Gender Reassignment Surgery,” 332, original emphasis.

\textsuperscript{21.} Francis, \textit{Laudato si’} (May 24, 2015), n. 155.