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Gender and personal identity: two views

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In *Amoris Laetitia*, the Apostolic Exhortation published last year, Pope Francis rejected any theory of gender that '*denies the difference and the reciprocity in nature of a man and a woman'.* Quoting the Catechism of the Church, he said that '*biological sex and the socio-cultural role of sex (gender) can be distinguished but not separated*'.[1] Educational programmes and laws that promote a personal identity and emotional intimacy radically separated from the biological difference between male and female are intended, he thinks, to undermine the anthropological basis of the family.

The Pope acknowledges that the question of how the Church responds to transgender Catholics poses a '*human*' problem, one which needs resolution. But, he insists, 'always *with the mercy of God, within the truth.*'[2] As Pope, he has often said that the Church must not abandon transgender people, that it should welcome and embrace everyone: *'It is one thing for a person to have this tendency, this option, and even change sex. But it is another thing to teach it, gender theory, in schools along these lines in order to change mentality. I call this ideological colonisation.'* [3]

In this issue

How 'transgenderism' differs from the more traditional view of sex and gender.

Why no reasonable person should want a doctor to assist a person to commit suicide

[1] Amo*ris Laetitia* (The Joy of Love). Apostolic Exhortation, April 2016; para 56

[2] Op cit.

[3] *The Telegraph,* 4th October 2016: http://www.telegraph.co.uk/news/2016/10/04/pope-francis-says-transsexuals-and-gay-people-should-be-embraced; accessed 2 April 2017

What is the approach rejected by Francis? In what follows I will attempt to summarize the main elements of the approach to sex and gender which he rejects as not 'truthful'. In so doing, I will distinguish two versions of this approach. I will then contrast that approach (and its two versions) with another approach which does affirm '*difference* and *reciprocity* in the *nature* of a man and a woman'. I will call the first approach, which the Pope rejects, 'the gender-is-culturally-determined' view and the second approach, which he endorses, the 'sex-and-gender-are-coordinate' view.

I should say in advance that, as these two approaches are not entirely different from each other, it is important to be clear about what they have *in common* and where they *differ*. This is complicated, in particular because of the variety of versions of each approach, and because there may be important differences between each variety of the same approach.

But, to make a start, I will first set out some basic definitions of sex and gender (though I should warn the reader that these terms are often used in a variety of other ways).

Some basic definitions

The terms *male* and *female* refer to the biological categories which apply to species which reproduce sexually. Thus human beings, most animals and many plants are sexually male or female. Apart from very rare case of people born with a congenital deformity such that their maleness or femaleness is indeterminate (or 'ambiguous'), every human being is male or female.

The terms *masculine* and *feminine* refer to gender, that is, to the ways in which maleness and femaleness are expressed in the development of the basic biological difference between males and females. Just what these forms of expression are depends, in large part, on the beliefs and attitudes of the people who influence that development; parents, wider family, school, the surrounding culture. Indeed, the expressions of masculinity and femininity can be significantly influenced by the individual's culture, for better or worse. Cultures have their own characteristic determinations of the kind of behaviour that is appropriate to males and to females. Some cultures have very narrow determinations of what is masculine and what is feminine (often referred to as 'stereotypes'): these determinations can rigidly structure a child's earliest experiences. Other cultures have more flexible determinations of what is masculine and feminine: they thus leave the child's earliest experiences of, and expressions, of what is masculine or feminine more open to variety.

So, with those basic terms defined, the two approaches can now be sketched.

The 'gender is culturally determined' view.

This view may be summarized in the following way. Sex and gender are two different things. Human beings are by nature sexually dimorphic, that is, biologically either male or female. Apart from a rare few whose biological sex is 'ambiguous', every human being is either male or female. Gender is an entirely different thing. Whereas biological sex is discernible at birth (and nowadays, even earlier), gender is a product of socialization. The process of socialization begins at birth at which time gender is 'assigned'. Children born with male genitalia are assigned to the masculine gender and are then socialized into masculine ways of thinking and acting: to play with trucks, action figures, footballs, etc. Children born with female genitalia are assigned to the feminine gender and brought up and socialized, into feminine ways of thinking and acting: to play with dolls, dresses, makeup, etc.

The best known version of the 'gender is culturally determined' view is associated with some forms of feminism. Indeed, according to a so-called 'radical' form of feminism, gender is the label for the process by which societies and cultures *assign superior and inferior status* to men and women respectively. At birth, there begins a process of socialization that both prescribes (requires) and proscribes (prohibits) the behaviour ('roles') appropriate to people of each biological sex. Males are taught to think they are superior to females: from birth, males are encouraged to be aggressive, assertive, etc, to exploit their inferiors (females), and to see this as 'natural'. Females are taught to think they are inferior to males: from birth, females are encouraged to be weak, passive, etc, to conform to their exploitation by men, and to see this as 'natural'. Of course, individual males and females may vary about how they feel about the constraints that gender roles assign to them: some may rail against the constraints, some may acquiesce in them, some may actively endorse them. But, according to radical feminism, the key thing is that gender-socialization always and everywhere assigns to women an inferior status.

A more recent version of the view that 'gender is culturally determined', called a 'transgenderist' view, says that gender is not merely 'assigned' (not discerned) at birth but is subject to change, more or less at will. It claims that something which it calls 'gender identity' is ultimately an entirely personal matter. It is the feeling which a person has about his or her personal self (or' identity'). It is something that no one else can assess or judge (or, in the language of philosophy, it's 'unfalsifiable'). It's a feeling the person has about

something 'innate' in them, something which encompasses their gender. And it is fluid. Though it is not entirely clear what 'gender is fluid' means (it must be more than 'boys can choose to dress like girls' (and vice versa), for that is uncontentious), fluidity underlies the idea of smoothness and ease of transition from one way of feeling about oneself (as masculine) to another (feminine) or vice versa. Given that an individual's 'gender identity' is sacrosanct, something that ought to be believed and respected by others *without question*, so too must any changes in that feeling. Gender is a choice.

On this view, since gender is to be understood as a personal experience of oneself, it follows that the category 'woman' includes not only those who were born with female biological features (the relevant sex organs and hormones) but also anyone who, though he was born with male biological features, *feels* that he is a woman. Such a person is sometimes described as a 'gender non-conforming male' or a 'trans'. And the converse. The category of 'man' includes not only those who were born with male biological features (the relevant sex organs and hormones) but also anyone who, though she was born with female biological features, *feels* that she is a man. Such a person is sometimes described as a 'gender non-conforming female' or a 'trans'.

One more pair of linguistic labels found in the 'gender is culturally determined' view may be helpful. '*Trans'* is a Latin prefix meaning 'on the opposite side of' or 'on the other side of'. Its opposite is the Latin prefix '*cis'* meaning 'on the same side as'. Thus a person who feels that his (or her) gender does *not* match his (or her) biological sex is said to be 'transgender', and a person who feels that his (or her) gender *does* match his (or her) biological sex is said to be 'cisgender'. Both terms rely on the ideas that that sex and gender are two entirely different things and that gender is assigned (not discovered). That said, different versions of this approach have different ideas about who does the assigning. At birth, it's likely to be the parents. Later on, it might be the individual (child) himself or herself.

This view of sex and gender is underwritten by, and in turn underwrites, a radical separation between body on the one hand and mind/feelings/attitudes on the other. Sex is a matter of the body, gender is a matter of psyche or mind or feeling. The real 'person' is the mind or psyche, and the body is merely its vehicle. In this regard, transgenderism is a modern expression of an idea that has been around for a long time: the idea that human beings are non-bodily 'persons'.

There are many varieties of the 'transgenderist' version of the 'gender is culturally determined' approach. What they all have in common is the idea that, whether the individual identifies as 'cisgender' or 'transgender', that person's feelings about their 'gender identity' must be believed and respected by others.

Given this view of gender 'identity', it is no surprise that there are controversies about what constitutes desirable public policy. For instance, a case which will come before the US Supreme Court sometime in the near future will decide whether it is unlawful in that country for schools to exclude from places (such as girls' school toilets) gender non-conforming males ('trans'). **I**n Australia it has recently be proposed that 'gender identity' should become a 'protected attribute' under anti-discrimination law (as indeed it has in several jurisdictions around the world).

One last thing. Why call both the radical feminist view and the transgenderist view versions of the same 'gender is culturally determined' mentality? The reason is that both of these approaches take gender to be *nothing other than* a cultural artefact. The radical feminist view claims that cultures always and everywhere teach the superiority of the male and the inferiority of the female, and that these ways of thinking determine how masculinity and femininity are expressed in human development. The transgenderist view takes a popular idea from contemporary Western culture, that is, that what ultimately matters about human beings are their feelings and conscious experiences more generally, and makes this the foundation for its theory of personal identity. If I feel that I am an X, then I am an X, and should be respected and treated as an X.[4]

The 'sex and gender are coordinated' view

The 'sex and gender are coordinated' view is the more traditional view. Though it is sometimes denigrated as 'religious', because it is endorsed in the Judeo-Christian tradition, it does not depend for its cogency on any proposition which could be known *only* by supernatural revelation. Indeed it draws on some ideas about men and women that originate in Greek philosophy. So it might just as well be described as a 'metaphysical' view of sex and gender. [5]

[4] The case of a young woman who feels herself to be African American came to prominence last year when it emerged that she was born to, but is now estranged from, her white Anglo Saxon parents

[5] Though its main elements come from the Judeo-Christian tradition of thinking, some elements are found independently in the ancient Greek mindset. That said, both ancient Greek and ancient Judaic societies were culturally patriarchal, so their views of masculinity and femininity were shaped not only by the historical and geographical contexts of their day (the vulnerability of ancient

There are four key features of this view.

First, though the term 'sex' can be used to point to matters of biology and the term 'gender' can be used to point to expressions of human development, maleness and femaleness are not merely a matter of sex organs and hormones. Human beings are male or female *through and through*. Maleness and femaleness are characteristics of the dynamic whole - body and soul - which is a human being.

However, just as the realities of dawn and dusk do not rule out the basic difference between day and night, so too the idea that there are basically two different patterns of human biology and two different patterns of human development does not rule out the possibility of borderline cases in both patterns. Some people - a very rare few - are born with deformities of their sexual organs such that it is hard if not impossible to determine their biological sex. Some people develop gender 'dysphoria', that is, a distress, which might be mild or moderate or intense, at feeling a mismatch between their biological sex and their feelings about their gender.

Second, 'soul' (the Greeks called it *psyche*) is that which makes a *living* thing *what* it is; a plant or an animal or a human being. (*Psyche* is sometimes translated as 'spirit' or even 'mind'.) It's not some immaterial substance separate from, but residing in, the body. Rather, as Aristotle said, it's the 'form' of the living thing (that which makes it *what* it is); in the case of humans, it is the *psyche* which makes us beings with capacities for thought and deliberation and choice.[6] Just as a person is 'alive' all over, so a person is 'en-souled' in every fibre of their body. That is why (for the most part) a person's gender is coordinated with their sex, that is, with their being a living human man or woman. So, on this view of sex and gender, though it is possible surgically to change one's sex organs, strictly speaking it is not possible to change one's sex as this is constituted at the genetic level. Likewise, though it is possible to change one's gender, in the sense of how a person presents themselves to others, such a change does not occur 'deeply enough' to change the person's

societies to the marauding ambitions of other societies, the need for the stronger in a society to protect the weaker in that society, etc.) but also by their empirical assumptions (eg that physical strength is needed for military service, that compassion is needed for household management).

[6] *De Anima,* 412a27

being a man or a woman. To actually change one's sex or one's gender would be to change to become someone else.

Thirdly, men and women are *equal* in worth and in inherent dignity. This idea, found in the Jewish Bible, that men and women are 'image bearers of God', is intended to convey two things about human beings. First, men and women are radically different from the rest of creation. Yes, they are animals, but animals of a special kind: what Aristotle called 'rational', not brute, animals. Second, men and women have a unique status in creation: they are radically equal in worth and inherent dignity.

Jesus himself, who said little about sex, treated women *as much as men* as his 'disciples'. St Paul was later to put the equality point in a way which was intended to undermine some of the deepest cultural conventions of his day: '*There is neither Jew nor Gentile, neither slave nor free, nor is there male and female, for you are all one in Christ Jesus.'* [7] The early Christian church used its commitment to the equality in worth and inherent dignity of men and women to challenge the conventions of the day; for instance, to insist, counter-culturally, that a valid marriage required the free consent of *both* the man and the woman. Of course, if men and women are equal in worth and inherent dignity, it follows that men and women ought to be recognized as, and treated as, such. That said, like just about every institution and culture in history, the church's attitude to, and treatment of, women has often enough failed to live up to this view of human equality.

Fourthly, men and women are complementary, that is, suitable partners for each other. [8] This is obvious with respect to reproduction and, given the natural patterns of attachment of parents to their children and children to their parents, with respect to child-rearing and care of one's family. But it goes deeper and wider than that. That said, both friendships with, and attractions to, members of the same sex are perfectly at home with this view of the complementarity (or to use Francis' word 'reciprocity') of men and women.

Reciprocity is a claim both about the nature of the relationship between men and women and a standard by which to judge actual relations, a standard by which to judge cultural conventions as to what is masculine and feminine. It is obvious that cultures can be more or less adequate on this matter. Female genital mutilation is a striking example of a culture getting it profoundly wrong. But so too, in less wicked ways, do cultures which deny women opportunities for education, recreation and political involvement and for expressions of individual freedom of thought and movement and expression. Our own Australian culture has recently made great strides in challenging and correcting cultural conventions in this

[7] Galatians, 3.28
[8] Genesis 1. 27-28; Genesis 2.18

regard. But threats to the recognition of the equality in worth and inherent dignity of all human beings are to be found everywhere. Role-assumptions can become very static and thus very limiting.[9] So this is always a matter for reflection and revision.

Conclusion

One last thing. At World Youth Day last year, the very same man who insisted that the Church must not abandon transgender people, that it should welcome and embrace them (including as they undergo treatment), spoke with evident feeling against the 'ideology' of gender. [10] Why? I can only speculate.

Recall what he rejected in Amoris *Laetitia*: any theory of gender that 'denies the difference and the reciprocity in *nature* of a man and a woman'.

So I wonder whether what moved him to speak with such feeling about against teaching children that gender is a matter for choice was simply his view that they are being taught something that is false.

Or perhaps what moved him was a suspicion that transgenderist programs are intended to undermine the anthropological basis of the family.

Or perhaps what moved him was the reasonable fear that fostering a view of personal identity as *entirely* a construction of the individual may *itself* have contributed to the substantial increase, over the last few years, in numbers of young people who suffer from gender dysphoria. [11]

[9] Today, it seems to me that it is people with cognitive impairment who are at most risk of being considered inferior to everyone else … at least in the Western world. But I accept that that is a matter of opinion.

[10] '*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 persons and institutions that give you money. These forms of ideological colonization are also supported by influential countries.'* http://press.vatican.va/content/salastampa/it/bollettino/pubblico/2016/08/02/0568/01265.html#i; accessed 7th March 2016

[11] When the Pope acknowledged that the question of how the Church responds to transgender Catholics poses a '*human'* problem, what did he mean? That deserves its own discussion in a context framed by his powerful image of the church as a 'field hospital after a battle'. One thing is clear: he does not embrace the breezy 'you are what you feel' approach.

'I help patients to die in comfort and with dignity. But no reasonable person should want me to help anyone to commit suicide.'

A doctor explains why.

Daniel Sulmasy is a medical doctor. He is an 'internist', that is, a doctor who specializes in the diagnosis and treatment of adults, providing long-term and comprehensive care for patients with both common and complex diseases.

Daniel Sulmasy is also the newest Senior Research Scholar to join the prestigious Kennedy Institute of Ethics at Georgetown University where, in addition to his medical practice, Sulmasy will hold dual appointments at the Kennedy Institute and Georgetown's Pellegrino Center for Clinical Bioethics. During the tenure of President Obama, he became a member of the President's Commission for the Study of Bioethical Issues. Dr Sulmasy will be visiting scholar at the Plunkett Centre for Ethics in 2018.

In February two years ago, Dr Sulmasy was interviewed by the *New York Daily News*. What he had to say on that occasion provides an invaluable *medical* perspective on proposals to legalize 'physician-assisted suicide'.[12] The whole interview can be accessed on-line. What follows is a summary of Sulmasy's key points.

- A big part of a doctor's job is to help patients to die in comfort and with dignity. But no reasonable person should want a doctor to help anyone, or their relative, commit suicide.

- Enthusiasts for a change in the law to permit doctors to assist their patients to commit suicide are pushing in the United States for other states to emulate Oregon (where such legislation was enacted in 1997).

- But '*it's bad medicine, bad ethics and bad public policy*'.

[12] *New York Daily News,* 15 February 2015: http://www.nydailynews.com/opinion/daniel-sulmasy-doctors-die-no-article-1.2114839; accessed 2 April 2017

Bad medicine

● Assisted suicide 'should never be necessary'.[13] Doctors can do more today to treat patients' pain and other symptoms than they have ever been able to do in all of human history. They can turn off ventilators; stop chemotherapy; discontinue dialysis. So assisted someone to commit suicide is bad medicine.

● If patients are fearful or lonely, social workers and pastoral care workers can be called upon. Patients can die in their own beds, with hospice in the home. If it is necessary to increase the dose of pain medicine to the point at which patients lose consciousness, this can be done. But the doctor's aim must always be to kill the pain, and never to kill the patient.

Bad social ethics

● The heart of all ethics is our mutual respect for each other's intrinsic dignity — the value that we have simply because we are human. Such dignity is the basis of all civil rights. Martin Luther King once said that to have dignity is to be "a somebody". Assisting someone to commit suicide violates their inherent dignity.

● Helping patients to kill themselves implies that it is OK to make a somebody into a nobody. No patient should ever be allowed to think she is a nobody. Dying patients are

[13] The use of the word 'should' is instructive. A large part of the push to permit doctors to assist their patients to commit suicide comes from people who have seen their relatives die in circumstances in which they themselves would not wish to die. That is to say, there are still too many cases of sub-standard, even negligent, treatment and care of people in the last part of their lives. It is urgent that that is rectified.

There is no silver bullet. Medical students must be won over to valuing advances in palliative medicine as highly as they currently value advances in transplantation, stem cell therapies and clinical genomics. More experienced doctors need regularly to update their expertise in the techniques of palliative medicine. Public hospitals, in particular those which have not yet included palliative medicine as a specialty, need to insist on this development to their funders. Support for home based palliative care needs to be augmented. We need to talk about dying, to anticipate that it is likely we ourselves will not be able to communicate with our doctors at the time, and so to give those with whom the doctor will talk some help in advance.

And much more. Including that we do not permit our legislators to put a bandage over all of this... by treating 'assistance in suicide' as the solution.

vulnerable. They look different. They are no longer considered “productive”. People shun them at a time when they often depend on the help of others.

● Once assisted suicide is on the table, this vulnerability is highlighted and the default switch flips. No longer will patients have to argue that treatment should stop and that they should be allowed to die. The question they will hear will be, “Why haven’t you killed yourself yet?”

Bad public policy

● There are pressures to reduce the costs of healthcare. What better way to save costs? A barbiturate overdose is pretty cheap compared with a trip to the intensive care unit.

● Assisted suicide cannot be contained. Once it is available, the next step will be to demand euthanasia for patients who are paralyzed or otherwise unable to take the pills to kill themselves. Then children and the demented will be euthanized without their explicit consent because someone will suppose that it is ‘in their best interests’. Then the indications will be broadened beyond terminal illness.

● All of this now happens in Belgium and the Netherlands, where assisted suicide and euthanasia are legal and children and the demented elderly are regularly euthanized, and severe depression can be considered an “indication” for being put out of one’s misery.

● Laws against assisted suicide protect everyone — from greedy relatives who might “help” their depressed grandmother to kill herself in order to collect an inheritance, as well as from doctors who want to redistribute medical resources by getting rid of useless consumers of medical care.

● No one needs to fear that without assisted suicide they will die in excruciating pain, tethered to machines. Modern medical and hospice care can take care of almost all patient symptoms, making assisted suicide unnecessary.

● Patients need to trust they are valued by their physicians no matter how sick or disabled or old they may be.

● ‘*We should not construct a society that makes assisted suicide routine. We should re-direct our energies towards making sure that patients get the kind of care we all want — helping us live to the fullest even as we are dying.’*

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