

# **An Orthodox Approach to Gender Dysphoria**

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This chapter provides a brief overview of the contemporary secular landscape regarding gender dysphoria, as well as offering an Orthodox approach to gender dysphoria. Routinely, individuals who claim to be Orthodox, and who use an Orthodox vocabulary and cite Orthodox resources, come to conclusions that are absolutely opposed to what the Church has always taught. This warrants a clarification about the criteria one must fulfill to render an approach Orthodox. Thus, this article begins with a discussion of what it means to offer an Orthodox approach to any topic.

## **An Orthodox Approach**

To be Orthodox, the approach to any topic must be grounded in, faithful to, and fully consistent with Holy Tradition. Anyone can claim to offer an Orthodox perspective on something, no matter how disassociated from Holy Tradition the content might be. This is not new. Throughout her history, numerous disputes and heresies have risen from within the Church. St. Paul warned, “For I know this, that after my departure savage wolves will come in among you, not sparing the flock. Also from among yourselves men will rise up, speaking perverse things, to draw away the disciples after themselves. Therefore watch, and remember that for three years I did not cease to warn everyone night and day with tears” (Acts 20: 29-31).<sup>i</sup>

The Internet and social media have made it far easier to spread messages—including, and maybe especially, false ones—quickly. With a little creativity, one can invoke the language of Orthodoxy to say just about anything one wants. That does not make the views Orthodox. Someone might claim to offer an Orthodox perspective by selectively addressing only a particular element of Holy Tradition, in isolation from the fullness of the Tradition. Such an approach fails because, as Fr. Thomas Hopko wrote, “All of the elements of Holy Tradition are organically linked together in real life. None of them stands alone. None may be separated or isolated from the other or from the wholeness of the life of the Church” (2005; p. 13). The elements of Holy Tradition, Fr. Thomas Hopko tells us, include the Bible, the liturgical life and prayer of the Church,

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<sup>i</sup> Also see St. Paul’s letter to the Colossians: “Beware lest anyone cheat you, through philosophy and empty deceit, according to the tradition of men, according to the basic principles of the world, and not according to Christ” (Colossians 2:8).

the Church's "dogmatic decisions and the acts of its approved churchly councils, the writings of the Church Fathers, the lives of the Saints, the canon laws, and finally the iconographic tradition, together with the other inspired forms of creative artistic expression such as music and architecture" (ibid.).

The Church has survived these challenges in the past by holding firm to the totality of Holy Tradition and denouncing heresy, and she must continue to do so. To offer an Orthodox approach, one must at the very least offer a perspective grounded upon the fullness of Holy Tradition, and not on a novel or selective reading of Holy Tradition. By exploiting places where Holy Tradition appears to be silent or relatively quiet, someone might inappropriately fill the perceived gap with his own content. Problems or questions that appear new often merely are new manifestations of familiar, sinful passions.

Holy Tradition contains the resources necessary to articulate an Orthodox approach even when this might not be immediately apparent, as the analysis below demonstrates with respect to gender dysphoria. An Orthodox approach must be understood in light of Orthodox Christianity's experience of God, as well as the Orthodox account of what it is to be human, of how God made us, and of how we stand in relation to God and to other humans, as passed on to us through all the elements of Holy Tradition taken together.

In chapter 3 of *The Truth of Our Faith*, Elder Cleopa of Romania articulates some conditions that help us distinguish true elements of Holy Tradition from false ones. To be part of Holy Tradition, an idea must "not sanction conceptions that contain inconsistencies amongst themselves or contradictions with the apostolic Tradition and Holy Scripture" (2001). He reminds us that "The Tradition is that which has been safeguarded from the Apostolic Church and has an uninterrupted continuity until today." Furthermore, "The Tradition is that which is confessed and practiced by the entire universal Orthodox Church." Finally, "The Tradition is that which is in harmony with the greatest portion of the fathers and ecclesiastical writers." Thus, "When a tradition does not fulfill these stipulations, it cannot be considered true and holy, and consequently it cannot be considered admissible or fit to be observed."

Elder Cleopa's checklist may help us to screen purportedly Orthodox approaches to any topic or question. We also might appeal to St. Vincent of Lérins' canon of catholicity to understand what an Orthodox approach requires. According to St. Vincent of Lérins (5<sup>th</sup> century), Holy Tradition is "what has been believed everywhere, always, and by all."<sup>ii</sup>

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<sup>ii</sup> Commonitorium, ch. 4.

This article offers a brief overview of what an Orthodox approach—one grounded in and consistent with Holy Tradition—to gender dysphoria might look like.

## **Sex and Gender in Contemporary Secular Society**

This section describes some key terms in the public discourse on gender dysphoria. This is not to say that it's appropriate to use those terms within the Orthodox tradition, or that it would be appropriate to use them in the same way.<sup>iii</sup> The same words may be understood quite differently in Christian and secular contexts. It is important to avoid confusion.

The DSM, or the Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association, classifies psychiatric disorders and provides diagnostic criteria for mental health disorders. The current version, the DSM 5, was published in 2013. According to this volume, “*Sex* and *sexual* refer to the biological indicators of male and female (understood in the context of reproductive capacity), such as in sex chromosomes, gonads, sex hormones, and non-ambiguous internal and external genitalia.” Sex chromosomes are part of a person’s genotype, or “collection of genes.” A person with an XX genotype is female, and a person with an XY genotype is male. Our genotype, along with environmental factors, contributes to what we see, namely our “observable traits” or “phenotype” (Austin, n.d.). Phenotype includes characteristics such as hair and eye color. In the case of sex, phenotype refers to observable physical characteristics, such as possessing ovaries and a uterus in the case of females.

According to the American Psychiatric Association, Disorders of Sex Development, or DSD, are “Conditions of inborn somatic deviations of the reproductive tract from the norm and/or discrepancies among the biological indicators of male and female” (American Psychiatric Association, 2013). Examples of DSD include Congenital Adrenal Hyperplasia and Androgen Insensitivity Syndrome, among others. Some cases of DSD involve ambiguous genitalia at birth, which may lead to uncertainty about the sex of the child, or an error in recording the sex of the child. Gender dysphoria is distinct from DSD and the two should not be confused. This chapter does not address DSD.

This distinction between *sex* and *gender* is relatively new. The term *gender* once was reserved for describing characteristics of language, as in feminine and masculine nouns. Today, however, according to the World Health Organization (WHO; n.d.),

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<sup>iii</sup> I am reminded here of Lossky’s concern with the separation of words from their Christian meanings: “secularization which has depreciated so many words of the theological vocabulary – ‘spirituality,’ ‘mystic,’ ‘communion’ – detaching them from their Christian context in order to make them of the current coin of the profane” (1974; p. 141).

“*Gender* refers to the socially constructed characteristics of women and men—such as norms, roles and relationships of and between groups of women and men.” Some observers have noted the tension between this understanding of gender as a social construct and the claim of transgender advocates that it’s essential to change physical appearance, including through the use of hormones and surgery, to transform bodies.

According to the American Psychological Association, gender identity refers to “a person’s deeply felt, inherent sense of being a boy, a man, or male; a girl, a woman, or female; or an alternative gender (e.g., genderqueer, gender nonconforming, gender neutral) that may or may not correspond to a person’s sex assigned at birth or to a person’s primary or secondary sex characteristics” (American Psychological Association, 2015a). It has issued guidelines encouraging psychologists “to adapt or modify their understanding of gender, broadening the range of variation viewed as healthy and normative” (American Psychological Association, 2015a).

Much of the discourse in the transgender and gender dysphoria space has emphasized a distinction between sex and gender, with the goal of undermining any necessary or important relationship between biological sex and gender identity, where biological sex does not determine gender identity. Today, some advocates claim that gender defines biological sex. For example, Dr. Deanna Adkins, from Duke University Center for Child and Adolescent Gender Care, indicated as part of her statement for a court case regarding North Carolina’s so-called “Bathroom Bill” that “From a medical perspective, the appropriate determinant of sex is gender identity” (Declaration of Deanna Adkins, MC., US District Court, Middle District of North Carolina, Case No. 1:16-cv-00236-TDS-JEP, p. 5 at #23). For anyone who has studied genetics, this claim will be difficult to follow, since it suggests that persons’ psychological sense of self determines their biological status as male or female (see Anderson, 2018; p. 30).

According to the *DSM5*, “*Transgender* refers to the broad spectrum of individuals who transiently or persistently identify with a gender different from their natal gender” (American Psychiatric Association, 2013). Today some activists reject the term ‘transgender’ altogether because they hold that “Contrasting transgender people with ‘real’ or ‘biological’ men and women is a false comparison. They are real men and women...” (Moulton and Seaton, 2005; p. 5).<sup>iv</sup> The terms ‘gender non-binary’, ‘gender fluid’, and ‘genderqueer’, according to the American Psychological Association, refer to persons “whose gender identity falls outside of the gender binary (i.e., identifies with neither or both genders)” (American Psychological Association, 2015b). Such persons “typically reject the term ‘transgender’ because it implies a change from one gender category to another” (American Psychological Association, 2015b).

These new claims about the relationship between sex and gender explain why the term ‘sex assigned at birth,’ which once was used only in the context of DSD where

there was uncertainty or where an error had been made in determining a child's sex based on observation, now is used more broadly. The goal is to imply that sex itself, the underlying genetic biology, is a social construct, and that medical professionals assign a sex rather than merely observing and recording it.

In the *DSM5*, “*Gender dysphoria* refers to the distress that may accompany the incongruence between one’s experienced or expressed gender and one’s assigned gender” (American Psychiatric Association, 2013). The World Health Organization uses the term ‘Gender incongruence’ in the ICD-11, or International Classification of Diseases-11, to refer to the same phenomenon (World Health Organization, 2018). ‘Gender Dysphoria’ replaced ‘gender identity disorder,’ which appeared in the *DSM4*, to emphasize that the experience of incongruence itself is not a disorder. It is, as the American Psychological Association says, “healthy and normative” (2015a). The problem is the dysphoria which a person feels as a result of the incongruence. Some have argued against including any condition related to gender incongruence in disease classifications, but yet they have agreed that it should be included to facilitate third party payer coverage for gender re-assignment interventions which people with gender dysphoria may pursue to alleviate their discomfort or distress.

Gender transition may involve social changes such as name, pronouns, and clothing, as well as medical and surgical interventions to alter physical characteristics to align with a person’s gender identity. These may include puberty-blocking hormones in pre-pubescent children and cross-sex hormones in adolescents and adults. Genital surgery and mastectomy or breast augmentation also may be part of gender re-assignment. Males who identify as women sometimes pursue feminizing surgeries to alter the appearance of the face, neck, or hands. Once called ‘gender re-assignment,’ advocates today often use the language of ‘gender affirmation’ or ‘gender confirmation’ instead of ‘gender re-assignment’ to suggest that the person’s gender always has been how the person identified, with the interventions undertaken to change the body merely confirming or affirming what always was there or has been true.

To ‘de-transition’ is to re-identify “with the gender identity given at birth and a conscious decision to take action to revert to that designation” ([Stewart, 2018](#); p. xxiii). While much has been made of the reversibility of hormone interventions, there is little evidence about the long-term effects and reversibility of puberty-blocking hormones in pre-pubescent children. Moreover, one cannot reverse the surgeries involved in gender re-assignment. Additional surgeries could create new physical features that resemble in some way one’s sex, but the original parts cannot be restored, and the newly created parts only resemble the original ones.

Today there are approximately 50 pediatric gender clinics in the U.S., even though an estimated 80 to 95% of children who at some point express a gender identity that

does not align with their biological sex eventually identify with that sex if they are allowed to develop naturally (Anderson, 2018; p. 2). A major reason offered for providing children and adolescents with gender transition interventions is the high rate of suicide among persons with gender dysphoria. However, the rate of suicide among those who have undergone “‘transitioning’ treatment” remains quite high (Dhejne, et al., 2011; Anderson, 2018; p. 2). Suicide attempt rates among persons who identify as transgender are reported to be approximately 41%, while that of the general population is 4.6% (Haas, Rodgers, and Herman, 2014; Anderson, 2018; p. 2).

Some health professionals have raised concerns about gender re-assignment interventions in children and adolescents based strictly on ordinary, secular medical concerns about risks and lack of safety and efficacy evidence for existing protocols. These expressions of concern have been met with great resistance. Numerous health care professionals who have expressed concerns have been denounced in various ways.<sup>v</sup> In contemporary secular discourse, we find much discussion about social policies and practices as well as the medical and surgical interventions that support alternative gender identities. What we do not find, however, is openness to psychiatric or psychological—let alone spiritual—care to help a person bring his gender identity, that is, his sense of whether he is male or female, into alignment with his biological sex. Such interventions, sometimes labeled “reparative therapy,” have been forbidden by various organizations and called unethical and ineffective (see Anderson, 2018, pp. 36-37).

### **An Orthodox Approach to Gender Dysphoria**

An Orthodox approach to gender dysphoria must begin with an understanding of sex and gender as grounded in Holy Tradition, which always has affirmed that human sexuality is binary. We read in Genesis: “So God made man; in the image of God He made him: male and female He made them” (Gen. 1:27). St. Mark affirms this, noting that “from the beginning of the Creation, God ‘made them, male and female’” (Mark 10:6). We also know from Scripture that there always have been some persons who were eunuchs: “For there are eunuchs who were born thus from their mother’s womb, and there are eunuchs who were made eunuchs by men, and there are eunuchs who have

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<sup>v</sup> See Anderson, 2018, pp. 18-22 and 142; Society for Adolescent Health and Medicine, 2017; Cretella, 2016; *Allen M. Josephson v. Neeli Bendapudi, et al.* (Mar. 29, 2019, W.D. Ky.). More generally, consider the responses to Littman, 2018, on rapid onset gender dysphoria, which included statements from her university discrediting her work.

<sup>iv</sup> Similarly, in the Human Rights Campaign’s ‘Schools in Transition’ guide, they note that students might express discomfort at sharing facilities with transgender students because of the “false idea that a transgender boy is not a ‘real’ boy, a transgender girl is not a ‘real’ girl” (2015; p. 25).

made themselves eunuchs for the kingdom of heaven's sake" (Matthew 19:12). That this occurred in nature, and that we have evidence of men castrating themselves throughout history, never has been seen in Holy Tradition as an indication that this is good or normative. Human nature is broken, and what is broken does not disclose truth for the Orthodox. Our "natural" desires and passions do not define the good, nor do they excuse sin or render what is sinful to be not sinful.

The understanding that human sexuality is binary is clear in Scripture. Other elements of Holy Tradition affirm this, as well as the impermissibility of pursuing any efforts to treat gender dysphoria with interventions to alter the body, or to identify socially as something other than one's natal sex. Several canons speak explicitly to the impermissibility of castration undertaken for the purpose of undermining one's maleness. For example, from Saints Nicodemus and Agapius, *The Rudder*, 1983:

Canon I of The Council of Nicea I (AD 325): "If anyone has been operated upon by surgeons for a disease, or has been excised by barbarians, let him remain in the clergy. But if anyone has excised himself when well, he must be dismissed even if he is examined after being in the clergy. And henceforth no such person must be promoted to holy orders. But as is self-evident, though such is the case as regards those who effect the matter and dare to excise themselves, if any persons have been eunuchized by barbarians or their lords, but are otherwise found to be worthy, the Canon admits such persons to the clergy."

Canon XXII of the Apostolic Canons: "Let no one who has mutilated himself become a clergyman; for he is a murderer of himself, and an enemy of God's creation."

Canon XXIII of the Apostolic Canons: "If anyone who is a clergyman should mutilate himself, let him be deposed from office. For he is a self-murderer."

Canon XXIV of the Apostolic Canons: "Any layman has mutilated himself, let him be excommunicated for three years. For he is a plotter against his own life."

In commenting on these canons, Dr. H. T. Engelhardt, Jr., notes that they highlight "the importance of not acting against one's physical integrity as a man and, by implication, one's physical integrity as a woman. Castration when undertaken to obliterate a central element of male identity insults creation, a point that can be made for similar operations for similar purposes on women" (Engelhardt, 2000; p. 269).

Because some canons allow for castration for the purpose of treating disease, some might insist that gender dysphoria is a disorder or disease and thus that castration of a male who identifies as a woman is a permissible response to a disease. This view

misses the Orthodox account of gender and sex, which does not recognize persons as having a gender that is separate from or determined by anything other than their natal sex. Such a view also misses the Orthodox understanding of the body as something that is God-given and that should not be rejected or defiled. The Orthodox approach would call for the male who desires to be or believes himself to be a woman to struggle against this passion to be or to present himself as something other than what God made him. To use medicine/surgery to change his body to give it a feminine appearance would be to use medicine for sinful purposes, which Orthodox Christianity rejects.<sup>vi</sup>

In addition to these canons, at least two statements from Orthodox bishops directly address gender reassignment. First, *The Basis of the Social Concept* adopted by the Sacred Bishops' Council of the Russian Orthodox Church, states:

Sometimes perverted human sexuality is manifested in the form of the painful feeling of one's belonging to the opposite sex, resulting in an attempt to change one's sex (transsexuality). One's desire to refuse the sex that has been given him or her by the Creator can have pernicious consequences for one's further development. The change of sex through hormonal impact and surgical operations has led in many cases not to the solution of psychological problems, but to their aggravation, causing a deep inner crisis. The Church cannot approve of such a rebellion against the Creator and recognize as valid the artificially changed sexual affiliation. If a change of sex happened in a person before his or her Baptism, he or she can be admitted to this Sacrament as any other sinner, but the Church will baptize him or her as belonging to his or her sex by birth. The ordination of such a person and his or her marriage in church are inadmissible.

Transsexuality should be distinguished from the wrong identification of the sex in one's infancy as a result of doctors' mistake caused by a pathological development of sexual characteristics. The surgical correction in this case is not a change of sex (Russian Orthodox Church, 2000; XII.9).

More recently, the 'Statement of the Holy Synod of the OCA on Sincerely Held Religious Beliefs Regarding Marriage' affirms the binary nature of human sexuality and the impermissibility of attempting to present oneself as a member of the opposite sex:

We believe that God created the human race male and female, and that all conduct with the intent to adopt a gender other than one's birth gender is immoral and therefore sin (Genesis 1:27; Deuteronomy 22:5) (2016).

Someone might attempt to distort the clarity of the Orthodox Church's position on such matters by noting that a number of female saints, such as Saints Dosithea of Kiev, Anastasia the Patrician of Alexandria, and Eugenia of Rome, disguised themselves or were disguised by abbots as men. The experience of these holy women, whom the

church venerates as female saints and always refers to with female pronouns, should not be conflated with that of people who disregard or reject their biological sex or believe that they are members of the opposite sex. These holy women disguised themselves as men to preserve their chastity and to live holy, ascetic lives.

Yet venerating these female saints is not an indication that the Church condones the practice of women disguising themselves as men. In fact, Canon 13 of the Council of Gangra rejects this: “If any woman, under pretense of asceticism, shall change her apparel and, instead of a woman’s accustomed clothing, shall put on that of a man, let her be anathema.” The Church recognizes these particular women as an exception precisely because they were not rejecting their God-given bodies but instead were seeking to preserve and protect their chastity and to live ascetically in a context in which they otherwise would not have been protected.

In addition to the canonical prohibitions of castration or self-mutilation, and the explicit statements from at least two groups of Orthodox bishops addressing the matter, we may further understand the Orthodox rejection of gender re-assignment interventions through Holy Tradition’s treatment of the body and the relationship between the body and the soul. The body is understood as given to us by God as something that should not be defiled: “Flee sexual immorality. Every sin that a man does is outside the body, but he who commits sexual immorality sins against his own body. Or do you not know that your body is the temple of the Holy Spirit Who is in you, Whom you have from God, and you are not your own? For you were bought at a price; therefore glorify God in your body and in your spirit, which are God’s” (1 Corinthians 6:18-20). Moreover, the unity of body and soul in Holy Tradition is incompatible with the dualism assumed by the view that the body is pitted against or misaligned with the soul or with one’s “true” or “authentic” self (see Lossky, 1957; chapter 9).

For an Orthodox Christian, the desire to be or to present himself as a member of the opposite sex or as something other than male or female is a sinful passion against which some persons are called to struggle. The act of presenting oneself as a member of the opposite sex or as something other than male or female is sinful. Understanding these conclusions requires not only an understanding of how Holy Tradition treats sex, gender, and the body, but also of the Orthodox understanding of sin, particularly the Orthodox understanding of involuntary sin. Involuntary sin can help explain the Orthodox understanding of gender dysphoria as a sinful passion and the manipulation of the body to appear as something other than one’s sex as a sinful response to gender dysphoria—even *if* gender dysphoria is natural, something one is born with, or something one does not choose for oneself:

According to the Orthodox Church, not all sins are willful and voluntary, and not all acts of sin are the conscious fault of those who do them—at least not at

first. In a word, sin is not always something for which the sinner himself or herself is necessarily culpable in a complete and conscious way. There are sins of ignorance and passion, sins which “work in our members,” as St. Paul says, even against our rational and conscious wills (see Romans 7:6-8). These are the sins referred to in the Church’s prayers when the faithful beg God for forgiveness and pardon of sins which are not only conscious, but unconscious—not only voluntary, but involuntary.

There are sins which are involuntary, unwilled, unchosen; sins which overcome people and force them by irrational impulses and compulsions, by weaknesses of the flesh, emotional drives, and misguided desires into actions which they themselves do not want, and often despise and abhor—even when they are engaging in them. These are known traditionally as the sins of passion. The fact that these sins are not freely chosen do not make them any less sinful. To sin means to miss the mark, to be off the track, to deviate, to defile, to transgress ... whether or not the act is consciously willed and purposefully enacted, and whether or not the offender personally is freely and fully at fault (Hopko, 2012).

Thus, even if one is born with a deep desire to present oneself as something other than one’s biological sex, or with a deep sense that one is a member of the opposite sex or of neither sex, the Orthodox will understand this the way many other sins are understood—as a passion against which some are called to struggle.

If gender dysphoria is understood as a sinful passion, and attempts to present oneself as a member of the opposite sex (or neither sex) are sinful, then the Orthodox Church’s approach to gender dysphoria is to lovingly call persons experiencing this passion, as it calls all sinners, to repentance. Saying this is not to underestimate the distress people experience, nor the depth of their struggle. It is, instead, to recognize that people may face a very difficult struggle that requires a great demonstration of love and support.

But love and support must be understood in the context of Holy Tradition. In contemporary society, naming sin as sin is seen as unloving—or worse, as judgmental or hateful. But this is not what Holy Tradition teaches. As St. John Chrysostom said in his interpretation of the parable of the Good Samaritan (Luke 10:30-37), “The Church is a hospital, and not a courtroom, for souls. She does not condemn on behalf of sins, but grants remission of sins.” To treat sickness and grant remission of sins requires, first of all, recognizing sin as sin. Jesus treated sinners with love, but He did not pretend that sin was not sin. For example, when Jesus met the woman at the well, He pointed out to her that she had had five husbands and that the man she was with now was not her husband (see John 4:1-26).

The Orthodox believe, quoting the Holy Synod of the OCA, that

All human beings will be raised from the dead on the last day. Those who seek the truth, do good, and follow God's law written on their hearts and fully revealed to the world in Jesus Christ, God's incarnate Word, will inherit everlasting life. Those who persist in their evil ways, following their own will, will be forever lost (cf. Romans 2:14-16; John 1:1-18, 5:25-30) (2016).

To ignore sin and pretend that there is no need for repentance is not to show love. Instead, that would be to disregard the sinner, for it would be being indifferent to his salvation. To respond to a sinner with love is not to excuse or accept, let alone celebrate or affirm, sin. It is to help the sinner recognize his sin and repent of it for the sake of his salvation.<sup>vii</sup>

Articulating an Orthodox approach to any topic is not about transforming Tradition but transforming ourselves so that we can see the matter more clearly through the lens of Holy Tradition. This article, it is hoped, offers insights that can help to clarify what an Orthodox approach to gender dysphoria would look like, and why.

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Available online: <https://www.who.int/classifications/icd/en/>

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<sup>vi</sup> An Orthodox approach to gender dysphoria does not allow for use of medical interventions to alter the body to appear more like that of someone who is of the opposite sex. This is NOT born out of a rejection of medicine. On the contrary, there is a long history in the Orthodox tradition of recognizing medicine as a gift from God. As St. Basil famously taught, however, its proper use requires that it not be all-consuming, or be used for evil:

Each of the arts is God’s gift to us, remedying the deficiencies of nature ... And, when we were commanded to return to the earth whence we had been taken and were united with the pain-ridden flesh doomed to destruction because of sin and, for the same reason, also subject to disease, the medical art was given to us to relieve the sick, in some degree at least (1962, Question 55; pp. 330-31).

Whatever requires an undue amount of thought or trouble or involves a large expenditure of effort and causes our whole life to revolve, as it were, around solicitude for the flesh.... (1962, Question 55; p. 331).

<sup>vii</sup> Here, the guidance of the Holy Synod of the OCA on how to respond to homosexuality might serve as model for how Orthodox bishops might recommend responding to transgenderism:

Convinced of these God-revealed truths, we offer the following affirmations and admonitions for the guidance of the faithful:

Homosexuality is to be approached as a result of humanity’s rebellion against God, and so against its own nature and well-being. It is not to be taken as a way of living and acting for men and women made in God’s image and likeness.

Men and women with homosexual feelings and emotions are to be treated with the understanding, acceptance, love, justice, and mercy due to all human beings.

People with homosexual tendencies are to be helped to admit these feelings to themselves and to others who will not reject or harm them. They are to seek assistance in discovering the specific causes of their homosexual orientation, and

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to work toward overcoming its harmful effects in their lives.

Persons struggling with homosexuality who accept the Orthodox Faith and strive to fulfill the Orthodox way of life may be communicants of the Church with everyone else who believes and struggles. Those instructed and counseled in Orthodox Christian doctrine and ascetical life who still want to justify their behavior may not participate in the Church's sacramental mysteries, since to do so would not help, but harm them (1992).