

Not 'Born That Way'

New Scientific Analysis Questions 'LGBT' Orthodoxies

A comprehensive new survey about sexuality and gender, undertaken by leading medical experts, concludes that key theories are unsupported by scientific evidence.

by Joan Frawley Desmond

'*Sexuality and Gender*,' a new report by Drs. Lawrence Mayer Paul McHugh, sheds light on key popular theories about this subject, including the belief that homosexual persons are 'born that way.' A new report that examines nearly 200 peer-reviewed studies on sexual orientation and gender identity concludes that science hasn't confirmed key theories about these subjects, including the belief that homosexuals are "born that way." And it rejects surgical and hormonal interventions for children who identify as "transgender," on the grounds that the large majority of such children outgrow identities that conflict with their biological sex.

"Examining research from the biological, psychological and social sciences, this report shows that some of the most frequently heard claims about sexuality and gender are not supported by scientific evidence," reads an introductory note by Adam Keiper, editor of *The New Atlantis*, a leading journal of science, technology and ethics that published the report, "*Sexuality and Gender*." "The report has a special focus on the higher rates of mental-health problems among LGBT populations, and it questions the scientific basis of trends in the treatment of children who do not identify with their biological sex," said Keiper. "More effort is called for to provide these people with the understanding, care and support they need to lead healthy, flourishing lives."

"*Sexuality and Gender*" was written by Dr. Lawrence Mayer, scholar in residence in the Department of Psychiatry at Johns Hopkins University and professor of statistics and biostatistics at Arizona State University, and Dr. Paul McHugh, professor of psychiatry and behavioral sciences at Johns Hopkins University School of Medicine who served for 25 years as psychiatrist in chief at Johns Hopkins Hospital. The study was released Aug. 22. The report asserts that scientific evidence does not support the theory that "gender identity is an innate, fixed property of human beings that is independent of biological sex — that a person might be 'a man trapped in a woman's body' or 'a woman trapped in a man's body.'"

The authors also question the adoption of new interventions for children and teens who do not identify with their biological sex. "Only a minority of children who express gender-atypical thoughts or behavior will continue to do so into adolescence or adulthood," the report concludes. "There is no evidence that all such children should be encouraged to become transgender, much less subjected to hormone treatments or surgery." The report takes no position on related public-policy debates and legal questions regarding same-sex "marriage" or new bathroom rules for transgender students. Rather, the authors make clear that people who struggle with a range of sexuality and gender issues need the highest standard of care, and they call for additional research to provide a solid foundation for effective treatment.

Science, Not Politics

In his preface to the report, Mayer presents "*Sexuality and Gender*" as a work of science, not a political manifesto. An epidemiologist trained in psychiatry who has been a full-time tenured professor for more than 40 years, he has held appointments at Princeton, the University of Pennsylvania, Stanford, Arizona State University and Johns Hopkins University Bloomberg School of Public Health and School of Medicine, among other institutions of higher education. Mayer was inspired to co-author the report, he said, after initial research stirred grave concerns about the "LGBT" community's poor mental-health outcomes. "I dedicate my work on this report, first, to the LGBT community, which bears a disproportionate rate of mental-health problems compared to the population as a whole," wrote Mayer in the study's preface. "We must find ways to relieve their suffering." Among the dedications, he gives special attention to children struggling with their sexuality and gender. He also dedicated the report to "scholars doing impartial research on topics of public controversy. May they never lose their way in political hurricanes."

The latter dedication underscores growing concerns that academic researchers can be influenced by powerful ideological currents that have paved the way for the legalization of same-sex "marriage" and a range of accommodations for transgender people. And critics of these ideological perspectives contend that researchers face pressure to support the new orthodoxy on sex and gender, citing the case of Mark Regnerus, a sociologist at the University of Texas-Austin who was threatened with the loss of academic tenure after his 2012 peer-reviewed study raised questions about LGBT parenting.

The authors of "*Sexuality and Gender*," for their part, will likely provoke controversy for challenging new treatments for children who identify as transgender and for disputing claims that same-sex attraction has a strong genetic basis. In fact, the authors are deeply skeptical about the way sexual experience is presented in contemporary society and university gender-studies curricula. They urge readers to be cautious about adopting overly simplistic theories about same-sex attraction and gender identity. "Popular understandings of scientific findings often presume deterministic causality when the findings do not warrant that presumption," states the report.

Sexual Orientation

Thus, when addressing questions about a genetic basis for same-sex "orientation," the authors are careful to distinguish between scientific evidence and untested hypotheses. On the one hand, they note the existence of large studies of identical twins that point to some role of genetic factors in the development of sexual orientation (while noting that the concept of sexual orientation is itself scientifically problematic, because of its elastic definition). At the same time, they cite other findings that point to the complex interplay of other factors that strongly suggest sexual orientation is not pre-determined, and they note that studies of twins that are referenced by activists as evidence of the genetic origin of sexual orientation do not in fact substantiate such claims. "So the question 'Are gay people born that way?' requires clarification. There is virtually no evidence that anyone, gay or straight, is 'born that way' if that means their sexual orientation was genetically determined," the report explains.

But there is some evidence from the twin studies that certain genetic profiles probably increase the likelihood the person later identifies as gay or engages in same-sex sexual behavior. What other factors could foster same-sex attraction? The authors consider research pointing to a causal link between non-heterosexual behavior in adults and the experience of childhood sexual abuse and bullying by peers — according to a 2011 meta-analysis of 37 North American studies, non-heterosexuals were 2.9 times more likely to report sexual abuse as children, and non-heterosexual adolescents were 1.7 times more likely to have been attacked or threatened by their peers. But the authors suggest that further study is needed to clarify this connection.

Along with many other factors, social context and values clearly play some role, say the authors. For example, researchers have found that young people who attend college or who live in urban areas are much more likely to identify as homosexual than their peers who reside in rural areas and who did not attend college. And the authors caution against the contemporary belief that individuals who have experienced same-sex attractions need to identify as having a "gay" sexual orientation and express such an orientation romantically and sexually. "[W]e may have some reasons to doubt the common assumption that in order to live happy and flourishing lives, we must somehow discover this innate fact about ourselves that we call sexuality or sexual orientation, and invariably express it through particular patterns of sexual behavior or a particular life trajectory," they state. "Perhaps we ought instead to consider what sorts of behaviors — whether in the sexual realm or elsewhere — tend to be conducive to health and flourishing, and what kinds of behaviors tend to undermine a healthy and flourishing life."

Mental-Health Problems

This striking proposal introduces the next section of the report, which examines the disturbingly high rate of mental-health problems and sexual violence in the LGBT community. For example, 41% of transgender individuals have attempted suicide, according to the "*National Transgender Discrimination Survey*" (NTDS), conducted by the National Gay and Lesbian Task Force and National Center for Transgender Equality and cited in the report. In contrast, 4.6% of the overall U.S. population reports "a lifetime suicide attempt." What's behind this shocking disparity? Some experts have put forward a "social-stress model" to explain the poor mental-health outcomes for transgender individuals and others who experience discrimination.

The social-stress model posits that the experience of stigmatization in family relationships, school and in the community fosters depression, anxiety and suicidal thoughts among transgender individuals and other sexual minorities. Federal and state governments have enacted anti-discrimination statutes and hate-crime laws, in an

effort to prohibit discrimination against this community and so promote psychological well-being. The authors agree that social stigma can inflict deep emotional wounds, but they also call for well-designed studies that can test the social-stress hypothesis. Further, while the social-stress model is often cited to explain the poor mental-health outcomes, the report argues that a more robust, multifaceted approach is needed to help this community. At this time, the medical and social strategies for helping non-heterosexual populations in the United States are quite limited, and this may be due in part to the relatively limited explanations for the poor mental-health outcomes offered by social scientists and psychologists.

Gender Identity' Questions

The report also questions the scientific basis for academic gender-theory orthodoxy, which sharply distinguishes between the male-female binary of biological sex and a fluid range of gender identities. "Developments in feminist theory in the second half of the twentieth century further solidified the position that gender is socially constructed," the report notes, citing subsequent arguments that call for the deconstruction of gender roles, with the goal of creating a "society in which one's sexual anatomy is irrelevant to who one is, what one does, and with whom one makes love." Today, Facebook users can choose from 58 gender options for their profiles, but the report emphasizes that only biological sex, with its reproductive faculties, is a fixed aspect of human nature. "The scientific definition of biological sex is, for almost all human beings, clear, binary, and stable, reflecting an underlying biological reality that is not contradicted by exceptions to sex-typical behavior, and cannot be altered by surgery or social conditioning," reads the report. "By contrast, gender identity is a social and psychological concept that is not well defined, and there is little scientific evidence that it is an innate, fixed biological property."

Facts about human biology should not be forgotten in the rush to embrace new social goals, warn the authors. To illustrate their point, they cite one hospital's practice of surgically removing the poorly developed genitalia of male infants and giving them female genitalia. The parents were directed to raise the boys as girls, but years later, when researchers followed up with the families, they discovered that most of the subjects still identified as male, despite what they had been told. "What is clear is that biological sex is not a concept that can be reduced to, or artificially assigned on the basis of, the type of external genitalia," states the report. Overall, the authors conclude, "In reviewing the scientific literature, we find that almost nothing is well understood when we seek biological explanations for what causes some individuals to state that their gender does not match their biological sex. ... Yet despite the scientific uncertainty, drastic interventions are prescribed and delivered to patients identifying, or identified, as transgender."

The Welfare of Children

Such "drastic interventions" are identified as particularly problematic in the case of sex-reassignment surgeries and hormonal interventions in the case of children, sometimes as young as 2 years old. "This is especially troubling when the patients receiving these interventions are children. ... [W]e are deeply alarmed that these therapies, treatments, and surgeries seem disproportionate to the severity of the distress being experienced by these young people, and are at any rate premature since the majority of children who identify as the gender opposite their biological sex will not continue to do so as adults. Moreover, there is a lack of reliable studies on the long-term effects of these interventions. We strongly urge caution in this regard." Indeed, the concern about the welfare of children was identified as the pre-eminent priority of "*Sexuality and Gender*" in Mayer's preface to the scientific study. Above all, he wrote, "I dedicate it to children struggling with their sexuality and gender." Speaking to the *Register* Aug. 19, co-author Dr. Paul McHugh further emphasized the welfare of children as a primary motivation for publication of the "*Sexuality and Gender*" report.

"We are in a world where everyone says, 'We want evidence-based medicine for taking an antibiotic,'" said McHugh, who served as one of the original members of the National Review Board for the Protection of Children and Young People that was created by the U.S. bishops in 2002 to address clergy sexual abuse of minors. "But without evidence-based medicine, they want to do radical things to children, and we are protesting." While the authors reserve their sharpest criticism for therapeutic interventions that involve children who identify as transgender, they also question the value of sex-reassignment surgery for adults.

Some studies reviewed by the authors report a high rate of suicide attempts even after the surgery has taken place. "The scientific evidence summarized suggests we take a skeptical view toward the claim that sex-reassignment procedures provide the hoped-for benefits or resolve the underlying issues that contribute to elevated mental-health risks among the transgender population," the authors state. "While we work to stop maltreatment and

misunderstanding, we should also work to study and understand whatever factors may contribute to the high rates of suicide and other psychological and behavioral health problems among the transgender population, and to think more clearly about the treatment options that are available."

What Science Actually Says

The authors make clear that the report does not provide an exhaustive review of their subject in all its dimensions. "Science is by no means the only avenue for understanding these astoundingly complex, multifaceted topics; there are other sources of wisdom and knowledge — including art, religion, philosophy, and lived human experience," they acknowledge. "However, we offer this overview of the scientific literature in the hope that it can provide a shared framework for intelligent, enlightened discourse in political, professional, and scientific exchanges — and may add to our capacity as concerned citizens to alleviate suffering and promote human health and flourishing."

In his remarks to the *Register*, McHugh suggested that "witness claims" — the personal testimony of individuals who experience same-sex attraction or of others who don't identify with their biological sex — have fueled much of the public debate on sexuality and gender issues. McHugh affirmed the substantial value of personal testimony. But he also believes the LGBT community and the general public should be aware of the body of knowledge on the subject that has come from well-designed scientific studies that test various claims. "Today, many claims about sexuality and gender are being made with the suggestion that science supports these claims," McHugh said, noting attempts to equate gender identity with race and biological sex in government policies. "We think the conversation needs to include what science actually says."

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