Report refutes LGBT ‘born that way’ theory

According to a new report, scientific evidence fails to support the “born that way” theory of sexual orientation. In addition, there is “no evidence” that “all children who express gender-atypical thoughts or behavior should be encouraged to become transgender,” the findings state.

The report, “Sexuality and Gender: Findings from the Biological, Psychological, and Social Sciences,” is co-authored by Dr. Lawrence Mayer and Dr. Paul McHugh, both of Johns Hopkins University, and published in The New Atlantis, a journal of technology and society. While Mayer, an epidemiologist trained in psychiatry, insists that the “report is about science and medicine, nothing more and nothing less,” it is expected that, in light of the “great chasm between much of the public discourse and what science has shown,” the findings will generate intense pushback from cultural voices that advocate for LGBT-affirming policies. Emboldened by court victories and federal executive actions following the Supreme Court’s decision legalizing same-sex marriage, activists have depicted their efforts to further LGBT civil rights as grounded on settled science.

But, as Mayer and McHugh, a leading psychiatrist, make clear, the science is far from settled. The authors reviewed the findings of hundreds of peer-reviewed studies on gender and sexuality, and their conclusions challenge some of the popular cultural myths that surround questions of sexual orientation and gender identity.

Myth 1: Science proves that homosexuality and other forms of sexual orientation are biologically based (the “born that way” theory).

The authors reviewed several possible explanations for the "born that way" hypothesis, including genetics, exposure to prenatal hormones and neurobiological differences. They argue that science is not settled when it comes to understanding the origins of sexual attraction, sexual desires and sexual behaviors. In fact, the authors note, a scientific explanation of "sexual orientation" is problematic because the term "sexual orientation" means widely different things – sexual desire, sexual attraction, patterns of sexual behavior – to different people and therefore is hard to measure accurately.

In addition, by presuming that sexual orientation is rooted in genetics, researchers or clinicians may miss other relevant factors – including, for example, childhood physical or sexual abuse, which is experienced in disproportionately high numbers by nonheterosexuals. Moreover, if nonheterosexual desires, preferences and behavior were indeed biological, one might expect them to remain fixed throughout a person's life. Instead, "there is now considerable scientific evidence that sexual desires, attractions, behaviors and even identities can, and sometimes do, change over time." Adolescents especially exhibit fluidity of sexual desire, although the authors note "opposite-sex attraction and identity seem to be more stable than same-sex or bisexual attraction and identity."

Myth 2: Social stress from stigma and discrimination is the root cause of the poor mental health of persons identifying as gay, lesbian, bisexual or transgender. Removing social stress, by normalizing nonheterosexual behaviors, will resolve these issues.

Mental Health Statistics

Compared to members of the heterosexual population, nonheterosexual persons are:
1 1/2 times higher risk of anxiety disorders
Twice the risk of depression
1 1/2 times the risk of substance abuse
Nearly 2 1/2 times the risk of suicide
Source: "Sexuality and Gender: Findings from the Biological, Psychological, and Social Sciences."

The "social stress" model proposes that stigma and discrimination directly cause the numerous mental health issues disproportionately found in the nonheterosexual population. The report identifies several shortcomings of the social stress model: Scientific evidence for the social stress model is limited, the parameters of social stress (what it is, what it means) are vaguely defined, and the model itself "does not put forth a complete explanation for the disparities" in mental health "between nonheterosexuals and heterosexuals." In addition, the social stress model is unable to "explain the mental health problems of a particular patient." They conclude that, "The social stress model probably accounts for some of the poor mental health outcomes experienced by sexual minorities, though the evidence supporting the model is limited, inconsistent and incomplete." They recommend "more high-quality longitudinal studies" to assess the model's usefulness.

Myth 3: A transgender person's gender identity does not match the person's sex at birth, so the transgender person is "trapped in the wrong body."

The new report strongly counters this transgender myth. "The hypothesis 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' – is not supported by scientific evidence." A variation of this myth argues that a transgender person has, for example, a "male brain," but a woman's body.

After reviewing studies of neurobiological differences in the brains of transgender persons, the report's authors state that "all interpretations, usually in popular outlets," suggesting that brain differences between transgender people and others are "the cause" of being transgendered are "unwarranted."

Myth 4: Early transitioning, using medical treatments like puberty blockers, is the best way to treat transgender children.

The study's authors emphatically reject this myth as not only unfounded in science but also potentially harmful to children. "The notion that a 2-year-old, having expressed thoughts or behaviors identified with the opposite sex, can be labeled for life as transgender has absolutely no support in science." Moreover, Mayer and McHugh warn, "An area of particular concern involves medical interventions for gender-nonconforming youth. They are increasingly receiving therapies that affirm their felt genders and even hormone treatments or surgical modifications at young ages. But the majority of children who identify as a gender that does not conform to their biological sex will no longer do so by the time they reach adulthood. We are disturbed and alarmed by the severity and irreversibility of some interventions being publicly discussed and employed for children." Because of the "scientific uncertainty" over treatments in children and the "lack of reliable studies on the long-term effects," the report's authors "strongly urge caution" toward such "premature" and "drastic" interventions.

The report by Mayer and McHugh challenges current cultural myths surrounding gender and human sexuality, but their primary purpose in writing the report is concern for the well-being of transgender and nonheterosexual individuals. Many of these individuals have been promised — by cultural narratives if not physicians — that social affirmation of their chosen gender or sexual orientation will improve their lives and even resolve their psychological issues. The data, however, proves

that this is not true. Mental health statistics paint a sobering picture of the mental and physical health challenges facing transgender and nonheterosexual persons. According to the report, members of the nonheterosexual population, compared to members of the heterosexual population, have approximately:

– 1 1/2 times higher risk of anxiety disorders.

– Twice the risk of depression

– 1 1/2 times the risk of substance abuse.

– Nearly 2 1/2 times the risk of suicide.

Transgender individuals fare worst of all, with lifetime suicide rates estimated at 41 percent; those who underwent sex-reassignment were about five times more likely to attempt suicide and about 19 times more likely to die by suicide.

Mayer and McHugh's report contradicts the conventional, highly politicized narrative that "transitioning" and "coming out" will solve the problems of nonheterosexuals or gender-dysphoric children. In fact, these experts argue, nonheterosexual and gender-dysphoric persons deserve better than being steered into life-changing decisions and radical treatments on the basis of faulty science. They deserve compassionate care rooted in sound scientific evidence.

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