

Nearly Everything the Media Tell You About Sexual Orientation and Gender Identity Is Wrong

By [Ryan T. Anderson](#) | August 22, 2016 | 1:24 PM EDT



(AP Photo/Craig Fritz)

A major new report, published today in the journal [The New Atlantis](#), challenges the leading narratives that the media has pushed regarding sexual orientation and gender identity.

Co-authored by two of the nation's leading scholars on mental health and sexuality, the 143-page report discusses over 200 peer-reviewed studies in the biological, psychological, and social sciences, painstakingly documenting what scientific research shows and does not show about sexuality and gender.

The major takeaway, as the editor of the journal explains, is that "some of the most frequently heard claims about sexuality and gender are not supported by scientific evidence."

Here are four of the report's most important conclusions:

"The belief that sexual orientation is an innate, biologically fixed human property—that people are 'born that way'—is not supported by scientific evidence.

"Likewise, the belief that gender identity is an innate, fixed human property independent of biological sex—so 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

“Only a minority of children who express gender-atypical thoughts or behavior will continue to do so into adolescence or adulthood. There is no evidence that all such children should be encouraged to become transgender, much less subjected to hormone treatments or surgery.

“Non-heterosexual and transgender people have higher rates of mental health problems (anxiety, depression, suicide), as well as behavioral and social problems (substance abuse, intimate partner violence), than the general population. Discrimination alone does not account for the entire disparity.”

The report, “*Sexuality and Gender: Findings from the Biological, Psychological, and Social Sciences*,” is co-authored by Dr. Lawrence Mayer and Dr. Paul McHugh. Mayer is a scholar-in-residence in the Department of Psychiatry at Johns Hopkins University and a professor of statistics and biostatistics at Arizona State University.

McHugh, whom the editor of *The New Atlantis* describes as “arguably the most important American psychiatrist of the last half-century,” is a professor of psychiatry and behavioral sciences at the Johns Hopkins University School of Medicine and was for 25 years the psychiatrist-in-chief at the Johns Hopkins Hospital. It was during his tenure as psychiatrist-in-chief at Johns Hopkins that he put an end to sex reassignment surgery there, after a study launched at Hopkins revealed that it didn't have the benefits for which doctors and patients had long hoped.

Implications for Policy

The report focuses exclusively on what scientific research shows and does not show. But this science can have implications for public policy.

“The report reviews rigorous research showing that ‘only a minority of children who experience cross-gender identification will continue to do so into adolescence or adulthood.’”

Take, for example, our nation's recent debates over transgender policies in schools. One of the consistent themes of the report is that science does not support the claim that “gender identity” is a fixed property independent of biological sex, but rather that a combination of biological, environmental, and experiential factors likely shape how individuals experience and express themselves when it comes to sex and gender.

The report also discusses the reality of neuroplasticity: that all of our brains can and do change throughout our lives (especially, but not only, in childhood) in response to our behavior and experiences. These changes in the brain can, in turn, influence future behavior.

This provides more reason for concern over the Obama administration's recent transgender school policies. Beyond the [privacy and safety concerns](#), there is thus also the potential that such policies will result in prolonged identification as transgender for students who otherwise would have naturally grown out of it.

The report reviews rigorous research showing that "only a minority of children who experience cross-gender identification will continue to do so into adolescence or adulthood." Policymakers should be concerned with how misguided school policies might encourage students to identify as girls when they are boys, and vice versa, and might result in prolonged difficulties. As the report notes, "There is no evidence that all children who express gender-atypical thoughts or behavior should be encouraged to become transgender."

Beyond school policies, the report raises concerns about proposed medical intervention in children. Mayer and McHugh write: "We are disturbed and alarmed by the severity and irreversibility of some interventions being publicly discussed and employed for children."

They continue: "We are concerned by the increasing tendency toward encouraging children with gender identity issues to transition to their preferred gender through medical and then surgical procedures." But as they note, "There is little scientific evidence for the therapeutic value of interventions that delay puberty or modify the secondary sex characteristics of adolescents."

Findings on Transgender Issues

The same goes for social or surgical gender transitions in general. Mayer and McHugh note that 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." Even after sex reassignment surgery, patients with gender dysphoria still experience poor outcomes:

"Compared to the general population, adults who have undergone sex reassignment surgery continue to have a higher risk of experiencing poor mental health outcomes. One study found that, compared to controls, sex-reassigned individuals were about five times more likely to attempt suicide and about 19 times more likely to die by suicide."

Mayer and McHugh urge researchers and physicians to work to better “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.” They continue:

“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. ... Better research is needed, both to identify ways by which we can help to lower the rates of poor mental health outcomes and to make possible more informed discussion about some of the nuances present in this field.”

Policymakers should take these findings very seriously. For example, the Obama administration recently finalized a new Department of Health and Human Services mandate that requires all health insurance plans under Obamacare to cover sex reassignment treatments and all relevant physicians to perform them. The regulations will force many physicians, hospitals, and other health care providers to participate in sex reassignment surgeries and treatments, even if doing so violates their moral and religious beliefs or their best medical judgment.

Rather than respect the diversity of opinions on sensitive and controversial health care issues, the regulations endorse and enforce one highly contested and scientifically unsupported view. As Mayer and McHugh urge, more research is needed, and physicians need to be free to practice the best medicine.

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Stigma, Prejudice Don't Explain Tragic Outcomes

The report also highlights that people who identify as LGBT face higher risks of adverse physical and mental health outcomes, such as “depression, anxiety, substance abuse, and most alarmingly, suicide.” The report summarizes some of those findings:

“Members of the non-heterosexual population are estimated to have about 1.5 times higher risk of experiencing anxiety disorders than members of the heterosexual population, as well as roughly double the risk of depression, 1.5 times the risk of substance abuse, and nearly 2.5 times the risk of suicide.

“Members of the transgender population are also at higher risk of a variety of mental health problems compared to members of the non-transgender population. Especially alarmingly, the rate of lifetime suicide attempts across all ages of transgender individuals is estimated at 41 percent, compared to under 5 percent in the overall U.S. population.”

What accounts for these tragic outcomes? Mayer and McHugh investigate the leading theory—the “social stress model”—which proposes that “stressors like stigma and prejudice account for much of the additional suffering observed in these subpopulations.”

But they argue that the evidence suggests that this theory “does not seem to offer a complete explanation for the disparities in the outcomes.” It appears that social stigma and stress alone cannot account for the poor physical and mental health outcomes that LGBT-identified people face.

As a result, they conclude that “More research is needed to uncover the causes of the increased rates of mental health problems in the LGBT subpopulations.” And they call on all of us work to “alleviate suffering and promote human health and flourishing.”

Findings Contradict Claims in Supreme Court’s Gay Marriage Ruling

Finally, the report notes that scientific evidence does not support the claim that people are “born that way” with respect to sexual orientation. The narrative pushed by Lady Gaga and others is not supported by the science. A combination of biological, environmental, and experiential factors likely account for an individual’s sexual attractions, desires, and identity, and “there are no compelling causal biological explanations for human sexual orientation.”

Furthermore, the scientific research shows that sexual orientation is more fluid than the media suggests. The report notes that “Longitudinal studies of adolescents suggest that sexual orientation may be quite fluid over the life course for some people, with one study estimating that as many as 80 percent of male adolescents who report same-sex attractions no longer do so as adults.”

These findings—that scientific research does not support the claim that sexual orientation is innate and immutable—directly contradict claims made by Supreme Court Justice Anthony Kennedy in last year’s [Obergefell ruling](#). Kennedy wrote, “their immutable nature dictates that same-sex marriage is their only real path to this profound commitment” and “in more recent years have psychiatrists and others recognized that sexual orientation is both a normal expression of human sexuality and immutable.”

But the science does not show this.

While the marriage debate was about [the nature of what marriage is](#), incorrect scientific claims about sexual orientation were consistently used in the campaign to redefine marriage.

In the end, Mayer and McHugh observe that much about sexuality and gender remains unknown. They call for honest, rigorous, and dispassionate research to help better inform public discourse and, more importantly, sound medical practice.

As this research continues, it's important that public policy not declare scientific debates over, or rush to legally enforce and impose contested scientific theories. As Mayer and McHugh note, "Everyone—scientists and physicians, parents and teachers, lawmakers and activists—deserves access to accurate information about sexual orientation and gender identity."

We all must work to foster a culture where such information can be rigorously pursued and everyone—whatever their convictions, and whatever their personal situation—is treated with the civility, respect, and generosity that each of us deserves.

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