

THE POLICY IMPLICATIONS OF THE NEW MAYER AND MCHUGH STUDY



In our previous [article](#), we have outlined what the researchers Mayer and McHugh [found](#) on the subject of fluidity of gender and orientation. On the website [The Daily Signal](#), researcher Ryan T. Anderson demonstrates what these scientific findings mean for Obama's [executive orders](#), where this president is bypassing the democratic process in congress. Anderson is a senior research fellow in American Principles and Public Policy at The Heritage Foundation. The impact, so he argues, is huge.



"1. Implications for Policy



Ryan T. Anderson

The report by Mayer and McHugh 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. Eleven states and state officials filed a lawsuit Wednesday challenging the Obama administration over federal guidance directing schools to allow transgender students to use restrooms and other facilities that match their gender identities.

The federal lawsuit, filed in the U.S. District Court for the Northern District of Texas, states that the guidance "has no basis in law" and could cause "seismic changes in the operations of the nation's school districts."

State officials have hinted they might file a legal challenge since the Obama administration released a letter earlier this month from the Justice Department and the Education Department that the federal agencies said was in response to questions from schools around the coun-

try.

One of the consistent themes of the Mayer and McHugh 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.”

2. Findings on Transgender Issues



Male to female surgery

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.



Sex transition surgery on otherwise healthy male genitals

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.

3. Stigma, Prejudice Don't Explain Tragic Outcomes

The report also highlights that people who identify as LGBT face higher risks of adverse physi-

cal 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.

“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.”

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.”

4. 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:



Supreme Court justice Anthony Kennedy

“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 un-

known. 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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