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Born This Way:

Not Borne Out

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The popular singer, Lady Gaga, attracted a large global audience through her song “Born This Way,” seen as sympathetic to the LGBTQ movement. Pope Francis reassured a gay man that he “was born that way” and that God loves him. Our faith teaches that the latter is true: whether the Pope intended the first part of his remark to be understood from a factual perspective is less certain. It is well known that researchers have been trying for decades to find a biological basis for homosexuality, but that has proved elusive. There are many theories, some of which suggest there could be some basis in biology, and others which insist that environmental factors play a bigger role, as in epigenetics. Studies such as the “twins” studies show that one twin can be heterosexual while the other is homosexual, casting doubt on genetic causes.¹

These conclusions clearly do not help the “born this way” notion when it comes to homosexuality, where the “nature versus nurture” debate continues. Nor do they seem helpful when it comes to the transgender issue. There have been various studies in this field, small and more global, but so far nothing has indicated a definitive biological cause. That means there is no scientific evidence to show that people who define themselves as transgender are “born this way.”

Amid the ongoing controversy, some geneticists are working on another major research effort to unlock the secrets of gender identity. A joint effort of five institutions in the US and Europe are researching the genome for clues as to an innate disposition to transgenderism.² There have been some hints that there might be a biological origin, but nothing definite has yet been shown. A recent study involves DNA from the blood samples of 10,000 people, 3,000 of them transgender and the rest non-transgender, or cisgender. The research is awaiting further funding, but one researcher claims that, “If the trait is strongly genetic, then people who identify as trans will share more of their genome, not because they are related in nuclear families but because they are more anciently related.”³

While that conclusion seems rather generic, Davis also states that the research does not seek to produce a genetic test for being transgender, and, in any event, it cannot do that.⁴ Rather, she hopes the data will lead to better care for transgender people who experience wide health disparities compared to the general population. This suggests their research is intended to influence social agenda more than to reach any particular, scientific conclusion about causality.

Research being done on brain scans of transgender men has suggested (but not conclusively shown) that they have a weakened connection between the two areas of the brain that process the perception of self and one’s own body.⁵ The research also shows that these

connections seem to improve after the person receives cross-hormone treatment. Although widely published, this still does not tell us whether people are “born this way” or whether they develop that way.

Other researchers refute the “born this way” approach. Dr Lisa Diamond, a psychologist with high standing in the American Psychological Association, identifies as a lesbian. She deliberately mentions this in her articles and broadcasts, and it is mentioned here because her credentials indicate she is much less likely to be accused of bias, a charge often levelled at anyone who challenges current theories regarding sexuality. Dr Diamond has at least twenty years of research experience and has published several longitudinal studies. She has given TED talks about her work on “gender fluidity.” Her research reports changes in direction of sexual preference and activity over time, which runs counter to a fixed notion of sexual identity and practices.

The American Psychological Association (APA) represents the largest scientific and professional organization in the United States, and is the largest association of psychologists in the world. Dr Diamond heads a section of the Association and authored several chapters of its *Handbook on Sexuality and Psychology*, published in 2014. Not only does she report on the non-static nature of sexuality in general, she includes studies of fluidity in transgender people, and states that “...*the vast majority of gender dysphoric minors will eventually accept their chromosomal sex.*”⁶

Writing in the *Handbook*, Bockting noted that by adolescence or adulthood, according to the DSM, as many as 70-98% of boys and 50-88% of girls eventually accept their chromosomal sex.⁷ The figures vary slightly, but Bockting

draws the conclusion that premature labelling should be avoided. Early transition such as registering a so-called “birth-assigned boy” in school as a girl should be approached with caution, to avoid foreclosing this stage of gender identity development. If there is early transition, he notes that “the stress associated with possible reversal of this decision has been shown to be substantial.”⁸

In terms of treating children who present as transgender, this is clearly an important statement, one which bears out the earlier work of researchers such as Dr Kenneth Zucker of Toronto, who bases his work on conclusions from his longitudinal studies and was let go from his position at the Centre for Addictions and Mental Health (CAMH) in Toronto for his approach. He does not take a moral or ideological approach, but advises that children should be given counselling to help them during times of stress and he insists that hormone and other treatments at puberty and onwards are unjustified and unwarranted. The child’s physical development should be unimpeded in light of statistics, a recommendation with which psychologists like Diamond and Bockting agree. Zucker received an apology and a settlement from CAMH after it acknowledged errors in the external review which led to his dismissal, but the clinic run by him for thirty-five years remains closed.

Regarding homosexuality and “born this way” explanations, an APA task force had said in 2009 that “same sex attractions, behaviour and partnerships are ‘normal variations’ in human sexuality” and it explicitly condemned the use of therapeutic techniques aimed at changing an individual’s sexual orientation.⁹ The 2014 edition of the *Handbook* says otherwise: it confirms there is research evidence for “associative or potentially causal links” between childhood sexual abuse and ever

having same-sex partners, especially among men.¹⁰ It also makes statements such as, “...most people who experience same-sex attraction also already experience opposite sex attraction.”¹¹ These statements mean that more consideration is being given to the possibility of pathological causality in same-sex attraction and to the variances in sexual behaviour in both heterosexual and homosexual people.

Similar statements are made about transgender identity, suggesting that it, too, may not be a “normal sexual variation.” Bockting states that the origin of transgender identity is “...most likely the result of a complex interaction between biological and environmental factors. Research on the influence of the family of origin dynamics has found some support for separation anxiety among gender-nonconforming boys and psychopathology among mothers.”¹² This confirms what others have suggested: that, far from being “normal,” there is possible evidence that psychopathology may be involved in the development of transgender identity.

In many ways, these changes in approach blow apart some theories which are presented and asserted as fact. Showing some inconsistency, Dr Diamond has gone on record as saying that she opposes psychotherapy that aims to change or even confirm a person’s sexual orientation definitively, because she thinks that if people move from one expression of sexuality to another, that is not abnormal. This certainly presents moral problems for Catholic teaching on sexuality, but it helps that she believes that “Therapy that is *open to change* is more beneficial than gay-affirmative or transgender-affirmative therapy.”¹³ This would be very important for treatment decisions for children in particular, since so many later “return” to their physical identities (which proves that part of Diamond’s work).

In another article countering some current practice, Haynes states agreement with counselling therapy, saying “...if pathology leads to an individual’s sexual variation, treatment could lead to a significant and meaningful shift in that variation for some. It is harmful to ban such treatment in that case.”¹⁴

The APA *Handbook* says there are three approaches to treatment of children self-identifying as transgender: “... attempts to lessen the dysphoria and nonconformity; attempts to get the environment—family, school and community—to fully accept the child’s gender variant identity; the wait and see approach.”¹⁵ It is important to note the warning that the “full acceptance” approach “runs the risk of neglecting individual problems the child might be experiencing and may involve an early gender role transition that might be challenging to reverse if cross-gender feelings do not persist.”¹⁶

The first and third recommended approaches are in keeping with Catholic teaching, and serve as indications that the approach many schools are taking is, on the whole, morally acceptable and pastorally wise.

ADDENDUM

A view promoted by the transgender community is that gender is “assigned at birth.” This is hardly scientific, since the sex or gender of a baby can be shown long before birth, using prenatal genetic testing. Most people understand sex or gender at birth to mean “it’s a boy” or “it’s a girl.” The phrase “assigned at birth” is used to claim that “gender” is completely different from the “sex” of a child and, far from being biological, is purely a social construct. What makes us male or female depends only on social conditioning. One can therefore override such conditioning

and state for oneself one's gender, despite physical determinants.

The declaration that gender is "assigned at birth" and not inherent is, however, itself a construct, resting on a theoretical and not a physical basis. While it is true that much of our understanding of gender and gender "roles" develops through social, cultural and religious experiences, this is not the whole picture. Other factors have led to questioning and critiquing certain elements of gender conditioning, for example, the role of women in society. As "images of God," i.e., essentially free moral agents, we have the capacity to critique social conditioning and constructs, and have a responsibility to do so, for the good of society.

Some social constructs clearly change, as shown by current views on the role of women, brought about in the Western world largely by the Women's Movement. Political agitation and debates highlighted injustices, for example in the lack of "equal pay for equal work." The ecological movement has greatly influenced societal attitudes about conservation, protection of the planet, its diversity and resources and so on.

Social constructs and theories are always in the process of being reshaped, remodelled or rejected, as we try to improve our individual lives, those of others, and our "common home." A "gender construct" approach to sexuality and sexual identity is as open to critique and change as any other social theory. While it has gained considerable traction, it is also being challenged at an evidence-based level, and is arguably showing signs of fraying at the seams. ■

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¹ <https://www.catholic.com/tract/homosexuality>

² Daniel Trotta. *Born this Way? Researchers explore the Science of Gender Identity*. August 3, 2017. <https://www.reuters.com/article/us-usa-lgbt-biology/born-this-way-researchers-explore-the-science-of-gender-identity-idUSKBN1AJ0F0>

³ *Ibid.* Lea Davis, Vanderbilt University, leader of above study.

⁴ *Ibid.*

⁵ Dick Swaab. "Sexual Orientation and its Basis in Brain Structure and Function." *Proc Natl Acad Sci U S A*. 2008 Jul 29; 105(30)

⁶ American Psychological Association. (APA) *Handbook on Sexuality and Psychology*, 2014, P. 744.

⁷ *Ibid.* and American Psychiatric Association, *Diagnostic and Statistical Manual (DSM) Fifth Edition*, 2013, P.455.

⁸ *APA Handbook*, P. 744

⁹ Laura A Haynes. "The American Psychological Association says Born-That-Way-And -Can't-Change is Not True of Sexual Orientation and Gender Identity." National Task Force for Therapy Equality, Report 2018.

<http://www.therapyequality.org/american-psychological-association-says-born-way-cant-change-not-true-sexual-orientation-gender-identity>

¹⁰ *Ibid.* Pp. 598, 609-10

¹¹ *Ibid.*

¹² *APA Handbook*, P. 743

¹³ Cf. Haynes, *supra*

¹⁴ *Ibid.*

¹⁵ *APA Handbook*, Pp. 750-51

¹⁶ *Ibid.*