Research and Validation Agenda

The proposed construct is empirically falsifiable and should be subjected to systematic validation. A coordinated research program addressing four domains:

1. **Temporal Stability**
    - Does internally anchored self–body incongruence show greater longitudinal stability than other sources of gender-related distress?
2. **Discriminant Validity**
    - Can structured phenomenological instruments reliably distinguish gender incongruence from:
        - Trauma-related self-alienation
        - Body dysmorphic disorder
        - Affective/self-concept disturbance
        - Neurodevelopmental rigidity
        - Psychotic/dissociative states
3. **Predictive Validity**
    - Does the construct predict differential response to intervention (psychotherapeutic, social, medical)?
4. **Developmental Trajectories**
    - How does internally anchored self–body incongruence present across childhood, adolescence, and adulthood?
    - What distinguishes early-onset, persistent forms from later-emerging or transient presentations?

Failure on these dimensions would argue against nosological independence. Success would justify clinical distinction.

Phase I Study Concept Sheet

Working Title:
Separating Identity from Distress: A Diagnostic Framework for Gender Incongruence and Its Clinical Consequences

Author: Tracy C. Coyle (with prospective collaborators)

This concept sheet outlines a Phase I observational study designed to test whether gender-related clinical populations currently grouped under "transgender" or "gender dysphoria" contain empirically distinguishable phenotypes. The study operationalizes a tri-axial diagnostic framework separating identity configuration, dysphoric phenomenology, and contextual psychopathology, and evaluates whether this architecture yields greater construct clarity and predictive value than identity-label–based classification. Phase I is not interventional; it is diagnostic and epistemic, intended to establish whether meaningful cohort separation is possible before treatment research proceeds.

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1. Origin and Rationale

This project grows out of two parallel bodies of work:

1. A longitudinal, experiential account of gender incongruence (*Gender Incongruent: Understanding Us*), which traces the developmental trajectory of individuals who experience a deep and persistent mismatch between their embodied sex and their internal sense of self. The book describes not identity as ideology, but incongruence as lived reality: early emergence, progressive social alienation, escalation during puberty, and the downstream psychological costs that follow.
2. A formal proposal aimed at DSM- and ICD-style classification systems, arguing that contemporary diagnostic models have collapsed fundamentally different phenomena into a single conceptual bucket. In current practice, *identity*, *distress*, and *psychopathology* are routinely conflated. This has produced diagnostic ambiguity, clinical incoherence, and research cohorts that are internally heterogeneous in ways that undermine both science and care.

The problem is not merely political. It is methodological.

Much of what we "know" about gender dysphoria, gender incongruence, persistence, desistance, comorbidity, and outcomes is compromised by cohort construction. Studies frequently recruit "transgender" populations defined by self-identification or referral pathway, then draw inferences about phenomena that are not uniform within those cohorts. Individuals with stable, early-onset incongruence and severe dysphoric distress are analyzed alongside individuals for whom identity exploration, social role discomfort, trauma, or unrelated psychopathology are primary. The result is a literature that appears contradictory because it is, in effect, studying multiple constructs at once.

The proposal introduces a corrective architecture: a tri-axial model that separates:

- **Axis A – Identity Configuration:** how the person understands and narrates self in relation to sexed embodiment
- **Axis B – Dysphoric Phenomenology:** whether clinically significant distress and impairment are present
- **Axis C – Contextual Psychopathology and Constraints:** comorbidities, trauma, neurodevelopmental patterns, decisional capacity, and risk factors

Identity becomes descriptive.
Diagnosis becomes contingent on distress.
Comorbidity becomes contextual rather than disqualifying.

This Phase I study is designed to test whether that architecture has empirical and clinical value.

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2. Core Aims

Phase I has three interlocking aims:

1. **Phenotype Mapping**
   To determine whether distinct, reproducible profiles exist within populations currently grouped under "transgender" or "gender dysphoria," when individuals are assessed independently on Axes A, B, and C.
2. **Framework Validation**
   To test whether the tri-axial model demonstrates greater construct clarity and predictive value than identity-label–based classification.
3. **Narrative Grounding**
   To empirically evaluate whether the developmental trajectory described in *Gender*

Incongruent: Understanding Us—early awareness, progressive alienation, puberty-linked escalation, and downstream psychological cost—corresponds to a coherent and identifiable clinical phenotype.

This is not an interventional trial. It is a diagnostic and epistemic study: a foundational step toward making later treatment research meaningful.

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3. Design Overview

Study Type:
Multisite observational cohort with cross-sectional baseline assessment and prospective follow-up.

Recruitment Sources:

- Gender clinics
- General mental health clinics
- Community outreach channels

Crucially, recruitment is *not* based on identity labels alone. Participants are enrolled based on experiences of sexed embodiment, distress, or treatment-seeking related to those experiences.

Assessment Structure:
All participants undergo a standardized tri-axial evaluation:

- **Axis A:**
    - Narrative coherence of self-concept
    - Stability and meaning of "gender" to the individual
    - Developmental timeline of self-understanding
- **Axis B:**
    - Intensity and structure of body-related distress
    - Role-related and social dysphoria
    - Functional impairment (school, work, relationships, intimacy)
    - Puberty-linked inflection points

- **Axis C:**
    - Mood and anxiety disorders
    - Trauma exposure and sequelae
    - Neurodevelopmental traits
    - Dissociation and psychosis screening
    - Decisional capacity (especially in minors)

Participants are then stratified into analytic groups such as:

- A+ / B+ – Stable incongruence with clinically significant dysphoria
- A+ / B− – Incongruence without clinical distress
- A− / B+ – Distress without stable incongruence
- Mixed or indeterminate profiles
- Matched clinical controls (non-incongruent distress)

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4. Primary Hypotheses

1. Populations currently labeled “transgender” contain multiple distinct phenotypes that can be reliably separated using the tri-axial model.
2. Axis B (dysphoric phenomenology) predicts functional impairment, suicidality, and treatment-seeking behavior more accurately than identity labels.
3. Individuals whose profiles match the developmental narrative described in *Gender Incongruent* will cluster within a coherent A+ / B+ phenotype.
4. Axis C profiles will meaningfully moderate outcomes, including satisfaction, persistence, and regret, without invalidating Axis A or B.

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5. Follow-Up and Outcomes

Participants are followed at 6, 12, and 24 months.

Tracked outcomes include:

- Changes in Axis A stability

- Changes in Axis B severity
- Mental health trajectories (Axis C)
- Care pathways chosen
- Satisfaction, ambivalence, or regret
- Shifts in self-concept or treatment goals

The central analytic question is not "who is truly trans," but:

Which dimensions predict suffering, risk, and outcome?

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6. Why This Matters

DSM and ICD systems are being asked to carry philosophical, cultural, and political weight they were never designed to bear. When classification collapses identity into diagnosis, and diagnosis into moral affirmation, both science and care suffer.

This study does not adjudicate identity.
It restores the diagnostic question to its proper domain: suffering.

By disentangling what a person *is* from whether they are *distressed*, and from what else may be shaping that distress, this framework offers:

- A way out of cohort contamination
- A basis for ethically coherent diagnosis
- A path toward evidence that actually means what it claims to measure

Phase I is the foundation. If the framework proves empirically useful, it becomes possible—finally—to design intervention studies that are not built on conceptual sand.

Appendix: Instrument Development Framework (Working Draft)

Because no existing instrument operationalizes internally anchored self–body incongruence, Phase I includes development of a bespoke phenomenology-based inventory. The following outlines its conceptual architecture.

"Demographics" here are not merely descriptive—they are analytic scaffolding. They determine how responses on the core items are interpreted.

Think of this section as *contextual axes* rather than a biographical header.

I. Core Demographic Anchors

These are required for stratification and developmental interpretation, not identity affirmation.

1. **Age**
    - Chronological age
    - Pubertal status (pre-pubertal / early pubertal / mid / late / post-pubertal)
    - For adults: age at first awareness of gender-related distress or incongruence
2. **Sex at Birth**
    - Recorded sex at birth (male / female / intersex/DSD)
    - History of any medically diagnosed disorder of sex development (yes/no; specify)
3. **Current Living Context**
    - Living with parents / guardians
    - Independent adult
    - Institutional setting (school residential, hospital, etc.)

These allow developmental normalization: a 9-year-old's statements and a 19-year-old's statements cannot be interpreted through the same lens.

II. Developmental History Markers

These are *not* identity questions. They locate the emergence of experience in time.

1. **Earliest Self-Awareness**
    - "At what age did you first notice feeling different from others in relation to your body or sex?"
    - "At what age did you first think or say 'I am not really a boy/girl' or 'my body feels wrong'?"
2. **Trajectory Type (Self-Report)**
    - Always felt this way
    - Emerged gradually
    - Appeared suddenly
    - Appeared after a specific event (illness, trauma, social change, puberty, online exposure, peer group)
3. **Puberty Inflection**
    - "Did these feelings change when your body began to change during puberty?"
        - Much stronger
        - Slightly stronger
        - No change
        - Less intense
        - Not applicable

These variables test *temporal stability* and *developmental trajectory* hypotheses.

III. Social Mediation Context

This category distinguishes internally anchored experience from externally mediated distress.

1. **Exposure Pathway**
    - Learned about transgender identities before personal distress
    - Learned after distress

    - Learned at the same time
    - Unsure

2. **Peer Environment**
    - Friends who identify as transgender / nonbinary
    - School or community where gender diversity is common
    - No peer exposure
3. **Family Climate**
    - Supportive
    - Neutral
    - Hostile
    - Divided
    - Not disclosed

These do *not* invalidate phenomenology. They test whether Axis A behaves independently of social priming.

IV. Cognitive and Psychological Baseline

These are not diagnoses; they are screening strata.

- History of:
    - Depression
    - Anxiety
    - Trauma
    - Autism spectrum diagnosis or traits
    - Dissociation
    - Psychosis
    - Eating disorder
    - Body image disorder

- Current treatment:
    - Psychotherapy (type if known)
    - Psychiatric medication
    - Gender-related clinical care
    - None

This section supports Axis C and exclusion logic.

V. Identity *Without* Identity Labels

This is the subtle but crucial distinction.

Instead of asking *what* someone is, ask:

- "Do you currently use any of the following to describe yourself?"
  (multiple allowed; optional)
    - Boy / man
    - Girl / woman
    - Both
    - Neither
    - Transgender
    - Nonbinary
    - Unsure
    - Prefer not to say

Followed by:

- "How important are these words to your sense of who you are?"
    - Central
    - Somewhat important
    - Not very important
    - Just convenient

- Uncomfortable

These items allow later analysis of whether *identity salience* correlates with Axis A or substitutes for it.
