

# Gender Incongruent: Understanding Us

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# PREFACE

This has been a difficult book to write. So many emotions and memories touched upon that there were times when even a single paragraph took hours to write. And then I had to compare them to what others have said to me over the years, and many are repeating even today.

We are not the result of some grooming, or sexualization, or ideological corruption. We are not engaging in some fetish desires. The vast majority of us just want to have normal lives. But neither side in the political arguments is actually interested in discussing real issues. I argue almost daily against the trans activist's efforts in the trans community that promote false statements and unrealistic hopes. I argue almost daily against the efforts to ban trans health care, and even the arguments against our actual existence, though if you get the actual person to listen, they often will acknowledge there 'are a few' that might really need the help.

There are references to studies and journal articles. You will be able to find others that come to the complete opposite conclusions. Such is the state of science in this area. The science is not settled. Which leaves room for ideologues on both sides.

I am trying to stay focused on what gender incongruent people face. Yet, it is so hard not to point out the extreme disconnect between the individual gender incongruent person and the political demands ostensibly being made on their behalf.

It is an attempt to help you understand us, outside of the political posturing from both sides.

# INTRODUCTION

What do we mean by gender incongruent? When does this ‘incongruity’ develop? How does it start? How does someone know they are incongruent? You might have these and lots of other questions, but we generally only have two related ones: Why did this happen to me? Why can’t I be normal?

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At the cellular level, chromosomes dictate how we are to be, but that involves millions of individual processes during natal development. They determine everything from minor attributes like the color of our hair, to the major functions like reproductive organs. Chromosomes define our biological sex, male or female<sup>1</sup>. They are with us for our entire existence, and they remain unchanged throughout. So, if you have chromosomes that code for male or female when you are born, you will still have them when you die. Nothing we can do at this point in time changes that.

Our physical sex consists of the reproductive organs and genitalia with which you are born. Of course, it also relates to a large base of physical attributes affected by puberty such as skeletal and muscular structures. This is what people see when they look at you. However, people see what you present to them. Depending on your appearance, clothing, mannerisms, and other factors, people could see something very different than the physical reality. People who are androgynous, whose appearance is inconsistent or diverges from the expected, can confuse onlookers. Usually, it is not the intent of the person to confuse, but their appearance being outside the expected norms leads that way.

Gender identity is the psychological foundation that supports your awareness of both your biological and physical sex. It is biologically based, but also something that takes time for you to become aware of. It takes time for your ‘self’ identity to be recognized and as it does, details are added, including the awareness of biological sex. Those whose gender identity is consistent with their biological/physical sex are called congruent (or cisgender). This happens more than 99% of the time!

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<sup>1</sup> X and Y chromosomal aneuploidies (the presence of an abnormal number of sex chromosome) are among the most common human whole-chromosomal copy number variations, with an estimated incidence in the general population between 1 in 400 to 1 in 1,000 [1,2-4] for each of the sex Chromosome syndromes: Department of Pediatrics, George Washington University School of Medicine and Health Sciences <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0161045>

## Gender incongruity is the mismatch between the genetic foundation and physical appearance, and the mental/psychological understanding of self.

If you cannot accept that this happens, regardless of the frequency, then the rest of this book is not for you. If you can at least be agnostic about it, read on.

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We have been dealing with our gender incongruity all our lives, from our earliest memories. We didn't wake up one morning and just decided to be, something different.

For decades people explained that we were 'a man trapped in a woman's body' or 'a woman trapped in a man's body.' This phrase haunts us. It takes a complex issue and presents it as an emotionally driven phenomenon easily dismissed by 'realists'. While many other formulations get used, we learn that our brain has developed according to the biological norms of one sex, while our body has developed according to the physical attributes of the other.

The how and why of gender incongruity is still a matter of research. What is clear is that for a small subset of the human population, somewhere between .25 and .4 percent<sup>2,3</sup>, the congruity between gender identity and chromosomal/physical foundations fails to form in natal development. The current prevalence is estimated at **1 in 2,800** for incongruent males and **1 in 5,200** for incongruent females.<sup>4</sup>

One hypothesis for incongruity is that late in brain's development, when hormones flood the natal body and brain, the wrong hormones are present when used to establish connections and an overlay of sensitivity to them for later in life, such as puberty. The brain structures become established with the wrong hormonal overlay. The brain is not set up congruent with the physical structure of the body.

Some studies have indicated that the incongruent male's brain is more alike a female's brain in some structures and the incongruent female's brain is more alike a males' brain in some structures<sup>5</sup>. Whether these differences are at the root of gender incongruity or simply indicative of a biological difference is unknown.

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<sup>2</sup> The difference between current prevalence and historical estimates.

<sup>3</sup> A European systematic review and meta-analysis of "transsexualism" prevalence studies by Arcelus *et al.* found an overall lower rate of 4.6 per 100,000. However, the review examined literature published from 1968 to 2014, before much of the recent surge in visibility and acceptance around transgender identities.

<sup>4</sup> Vrije Universiteit Amsterdam: <https://www.ncbi.nlm.nih.gov/books/NBK544426/>

<sup>5</sup> Gender Dysphoria: A Review Investigating the Relationship Between Genetic Influences and Brain Development <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7415463/>

Historically, the ratio of male to female gender incongruent had been between 70-80/30-20. In the last few years, the ratio is thought to be closer to 50/50, with the current prevalence figure above being 65/35.- about 2:1. The problem pointed out in Abigail Shrier's Irreversible Damage, that a significant increase in teen girls coming out trans, has flipped the ratio to 1:2, or closer to 30/70 male/female with no known medical reason for the change from historical averages.

One possible explanation for the greater prevalence of biological males being transsex: we all start from a biological foundation that is mostly female and our chromosomes make changes into 'male'. The mother's hormones DO pass into the blood of the fetus and under the right conditions - a significant increase in the mother's estrogen levels at the right time - can affect the development of the fetus. As the mother does not have a significant amount of testosterone there is less chance for this situation to affect a female fetus. How and why this situation would exist in biological females is probably associated with a significant drop in estrogen during a similar point in fetal development.

## WHY RECONSIDERED

Doubt. Every single person we meet that knows of our struggle doubts our statements that we are incongruent. Therapists should doubt. Doctors should doubt. Family and friends should doubt. And we should, and do, doubt. How can you not when EVERY SINGLE SHRED OF EVIDENCE points to the opposite of our assertion.

Yet many of us want to pretend there is no doubt. That we are certain that this is the right course for us. In the face of such unrelenting opposition from others, it might be the only thing that we can do. But we do have doubts. That is why we hesitate to begin transitioning. It is why we are afraid for our future. But these doubts, expressed to others, give them the certainty that they are correct and that we are wrong to think we are incongruent.

The science is settled, according to those not in science, that we were born male and female and that is the end of the discussion. For them. The physical reality is sufficient. And because, very often, we respect the speaker, and want to trust them in their assertion, we try to take in their statements and contradict our own thoughts with those assertions. Testing them against ourselves.

The religion of our family asserts claims that contradict our internal understanding of self and we desperately want to BELIEVE. Even though our prayers were never answered, maybe because we were asking for the wrong thing; we try to pray and ask for the 'wrongness' to be taken from us, for us to be the normal people we are expected, demanded, to be. We are devoted, prayerful, hopeful. We wake up each morning hopeful that today, we will be as expected – normal.

Every assertion, no matter the source, claiming that we are just delusional, mentally damaged, spiritually corrupt, just plain wrong is taken in and given serious consideration. We want something to help us. We need something to change because the alternative, transition, is going to be so hard, so disruptive, so life altering that anything that can get us off that path will be, IS, considered.

*I did the military. I married a woman. I got deeply involved in a religious faith. I TRIED. Everything. I can say there were days when I did not think of transition or gender incongruity. But it didn't go away.*

We need the push back from others. We have to gain some level of certainty that we are not delusional; that the path we are on is correct, for us. If that means giving into the doubts, not to change the path, but to face them and have some kind of objective argument to rebut them. Getting to the point of decision on

transitioning requires that we have faced our doubts about the right course of action for us.

Part of the purpose of RLT is to determine if we can live as our gender. We need to be stable in our transition: work, school, friends, and socially. We need it to know we are doing the right thing. But therapists need it also to give them confidence to recommend HRT and surgery.

The choice for surgery is still in the future, but we know that it is on the path we are choosing. Does HRT help emotionally? Can we function in our gender in society? The first year gives ample opportunity for doubting our choices. The aggressive pushbacks we get from family, friends, and even general society (yes, even today in the West), all make us wonder if it is worth it.

*I enlisted in the Air Force. That first day, which started at 5am getting to the Induction Center, was still going at 2am in the hall outside our barracks, A Drill Instructor, yelling in our ears while we stood at attention provoked in every single one of us, "What the hell did I do to myself?"*

Such is RLT. All the bullying we had to endure growing up was unbidden. Now, we choose to enter an arena knowing there would be pushback; there would be bullying; there would be rejection and even possibly, violence. Is there any reason to believe that doubts wouldn't creep in? They may not stay long, we might have quick and easy answers to the doubts, intellectually. But all the pushbacks have a cost. No matter how strong we might be mentally and emotionally it wears on us over time.

Decades ago, ok, still in many places, the incongruent male gets asked, "Why do you want to give up being a man?" As if giving up manhood is some incomprehensible step. Ah, because I am not a man. For the incongruent female, the same question gets asked generally in the context of childbirth. How can we give up those things' others find fundamental about their sex?

We still don't have an answer to why, but we have decided it doesn't really matter. I gave up, we give up, eventually. We face the FACT that we are who and what we were born as, gender incongruent. Our brain and our body do not match, and nothing has changed that reality. Is it worth all this? We have an answer. We have spent years unhappy and fighting our dysphoria. Why doesn't matter. How doesn't matter. We are incongruent and we have learned what it means we have to do.

Doubts notwithstanding.