

# **Holding the Contradictions**

*A Map of Gender in Biology, Experience, and Society*

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## A Note on This Essay

The following text was generated through a collaborative dialogue with an AI language model (DeepSeek). My role was ensuring the final product reflected a nuanced, multi-perspective understanding.

I share this not as a finished dogma, but as a provocation for clearer thinking and a model of what integrative discourse might look like. It is offered in the hope of de-escalating a polarized conversation. All errors of nuance or emphasis remain my responsibility.

— Björn Kenneth Holmström

## The Impasse: Diagnosing the Clash of Incomplete Truths

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If you have followed any public discussion about gender in recent years, you have likely felt a profound sense of exhaustion. The debates are circular, accusations fly, and common ground seems to vanish the moment it appears. Conversations that begin with good intentions often fracture into mutual bafflement and frustration.

This is not because the participants are stupid, evil, or insincere. It is because they are often speaking from different worlds, armed with powerful but partial truths. Each side is correctly identifying a crucial piece of a vastly complex puzzle, but then insisting their piece is the whole picture. The resulting clash feels intractable because, in a way, it is: you cannot settle a dispute about a landscape when one person is describing a mountain, another a river, and a third the forest canopy, and each believes they are describing the only thing worth seeing.

Let's charitably sketch these different vantage points, using their own language as much as possible.

One deeply held perspective looks at the human body and sees a fundamental, binary reality. From this view, the observable facts of sexual dimorphism—chromosomes, reproductive systems, skeletal structure—are not just biological details; they are the stable foundation of human society, the “anchor of sanity” in a shifting world. This viewpoint emphasizes natural categories, the protection of women's spaces and sports, and a profound duty to safeguard children from what is seen as premature or irreversible medicalization. Its driving force is a protective instinct for the vulnerable and a commitment to a social order that has, for millennia, provided a clear map for human life.

Another perspective focuses on the individual's interior world. It sees the powerful, persistent reality of gender identity—the deep-seated sense of being a man, a woman, or something else. From this angle, the paramount values are autonomy, self-determination, and the right to live free from the suffering of dysphoria. It points to evidence-based medical protocols that alleviate profound psychological pain and argues for the ethical imperative to respect a person's declared identity. Its driving force is compassion for individual suffering and a commitment to bodily sovereignty.

A third framework steps back to look at culture and history. It highlights how concepts of “man” and “woman” are not fixed biological scripts but social constructs that have varied wildly across time and place—from third-gender roles like the Hijra of South Asia to the Two-Spirit traditions of some Indigenous cultures. This view sees rigid gender roles as cages that limit human potential and focuses on liberating people, especially the young, from oppressive norms. Its driving force is a quest for social justice, equity, and the deconstruction of harmful power structures.

Each of these views is coherent within its own frame of reference. Each is motivated by a core human value: protection, compassion, or justice. And each, when held as the exclusive truth, renders the others not just wrong, but dangerous or delusional.

This is our impasse. We are not having a single debate. We are having three different debates simultaneously, using the same words to mean different things. The person warning of “eroding reality” is speaking from the mountain of biology. The person pleading for “lived experience” is speaking from the river of psychology. The person arguing about “social constructs” is speaking from the forest of culture. And when the mountain-dweller shouts about landslides, the river-guide hears only an obstruction to the flow, and the forester sees a threat to the ecosystem.

To move forward, we do not need to declare one territory the winner and colonize the others. We need a better map—one that acknowledges the full topography: the mountains, the rivers, the forests, and the intricate ways they shape one another. The goal of this essay is not to provide a final answer to the “gender question.” It is to offer a way of *seeing* the question that makes the current warfare comprehensible, and perhaps, a little less necessary. It is an attempt to move from a clash of incomplete truths toward a holding of necessary contradictions. The path begins not by choosing a side, but by understanding why the sides exist at all.

## The Territories of Evidence: Mapping the Domains with Qualitative and Quantitative Dimensions

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To navigate the impasse, we must first understand the distinct landscapes of evidence and meaning that generate it. Each territory has its own internal logic, its own kind of “truth,” and its own emotional resonance. By walking each one with respect, we can see what each reveals—and what it alone cannot see.

Crucially, every territory has both a **qualitative essence** (what it *is like*) and a **quantitative topography** (how much, how often, how widespread). The first gives us understanding; the second gives us scale and context. We need both to see clearly.

## Territory 1: The Biological Landscape

**Qualitative Essence:** This is the domain of the physical body, shaped by evolution. Here, we find the powerful, statistical reality of **sexual dimorphism**. Humans, like many species, exhibit a bimodal distribution of traits: clusters we label "male" and "female," differentiated by chromosomes (XX/XY), predominant hormone profiles (estrogen/testosterone), reproductive anatomy, and secondary sexual characteristics. This patterning is not a social opinion; it is an observed fact of human biology with deep roots in our evolutionary history. For many, this territory is not merely a collection of facts but an "**Anchor of Sanity**"—a foundational, shared reality that provides epistemic security. It grounds our categories in something seemingly immutable, offering a predictable map of the world. To dismiss or radically deconstruct this anchor can feel, to those who rely on it, like being told the ground beneath their feet is an illusion.

Yet, within this binary tendency lies a spectrum of **natural variation**. Intersex conditions—where chromosomes, hormones, or anatomy do not align neatly with typical male/female definitions—occur in an estimated 1-2% of the population, a prevalence comparable to red hair. Brain structure research, while nascent and often overstated, suggests complex mosaics that don't always correlate neatly with natal sex. This territory, therefore, is not a simple binary switch but a **bimodal distribution with overlapping curves and outliers**. Recognizing the central clusters does not require denying the reality of the tails.

**Quantitative Topography:** We must ask "how much?" and "how often?" The central binary clusters are massive, encompassing the vast majority of people. The variations—intersex conditions, neurological variances—are real but statistically minoritarian. This quantitative fact is critical for public policy and medical frameworks, which must be built for populations while remaining sensitive to exceptions. It explains why a two-sex model is pragmatically useful, and why insisting on its absolute universality is scientifically inaccurate.

## Territory 2: The Psychological Landscape

**Qualitative Essence:** This is the domain of inner experience, identity, and subjective reality. Here, the primary datum is **gender identity**—a person's deep-seated, core sense of being a man, a woman, both, neither, or something else. For most, this identity aligns with their natal sex and is so seamless it goes unnoticed. For a minority, it does not, resulting in the clinically recognized distress of **gender dysphoria**. This experience is not a lifestyle choice or a political statement; it is a profound psychological reality documented across cultures and history. The drive to align one's external appearance and social role with this internal sense is a powerful motivator, rooted in the fundamental human need for **integrity between self and world**.

**Quantitative Topography:** How prevalent is this? Estimates suggest roughly 0.5% to 1.5% of adolescents and adults in Western societies identify as transgender or experience significant gender dysphoria. Research on **persistence and desistance** in children shows a complex picture: while a high percentage (studies often cite 60-90%) of pre-pubertal children who express gender non-conformity or dysphoria will not persist into

adolescence, those whose dysphoria intensifies at the onset of puberty are far more likely to persist into adulthood. Long-term outcome data for those who undergo medical transition shows significant improvements in quality of life and reductions in dysphoria for the majority, with **regret rates** consistently low (often cited between 1-5% for adults), though data on lifelong outcomes remains limited. This topography forces nuance: it cautions against rigid paths for young children while affirming the profound need for care for persistent adolescent and adult dysphoria.

### **Territory 3: The Cultural-Historical Landscape**

**Qualitative Essence:** This is the domain of meaning, symbols, and social scripts. Here, **gender roles**—the behaviors, expressions, and societal expectations attached to masculinity and femininity—are seen as largely **social constructs**. They vary dramatically across time and culture, from the strict separations of Victorian England to the recognized third genders like the *hijra* of South Asia or the *two-spirit* roles in some Indigenous North American cultures. This territory reveals that what we often consider "natural" behavior for men or women is profoundly shaped by the society we live in. It also highlights the "**Visibility Paradox**." For a marginalized group constituting ~1% of the population, increased representation in media and discourse is a strategy of **normalization**—making their existence known to reduce stigma and violence. To the group seeking acceptance, this visibility is a lifeline. To others, a rapid shift from near-zero to prominent visibility can feel like a **disproportionate imposition**, a distortion of statistical reality that reads as ideological engineering rather than organic reflection.

**Quantitative Topography:** Cultural attitudes are measurable. Polling data in many Western nations shows a stark rise in acceptance of transgender people over the past two decades (e.g., from roughly 20% to over 60% in some surveys). Media representation metrics, while often debated, show a clear increase in LGBTQ+ characters, though the claim this nears "40% of content" is a polemical exaggeration not borne out by systematic analysis. The key metric is the *rate of change*: societies are processing a significant shift in gender norms at an unprecedented speed, which inherently produces cultural friction and a sense of dislocation for those anchored in older patterns.

### **Territory 4: The Ethical-Political Landscape**

**Qualitative Essence:** This is the domain of values, rights, harms, and collective living. Here, principles collide: **individual autonomy** versus **collective good**, **the right to self-determination** versus **the duty to protect**. This territory is where abstract concepts become concrete policy debates about sports, prisons, shelters, healthcare, and schools. At its heart, especially in debates about youth, lies a tragic conflict of protective instincts. One perspective is driven by the "**Protection of Innocence**"—a desire to shield children from what is seen as premature exposure to complex adult concepts or irreversible medical interventions, framed as a defense against "brainwashing" or social contagion. The other is driven by the "**Protection of Identity**"—a desire to shield vulnerable, often suicidal, gender-dysphoric youth from rejection, repression,

and the agony of being forced to live in the wrong role. **Both impulses spring from the same root: a fierce, primal desire to safeguard the vulnerable from harm.** To label one side "haters" and the other "groomers" is to catastrophically misunderstand this shared, human motivation.

**Quantitative Topography:** Ethical calculus requires data. What are the **harms of action vs. inaction?** Studies attempt to measure the impact of social transition and medical intervention on mental health outcomes, suicide risk, and quality of life. The data is contested but suggests support and appropriate care improve outcomes. Conversely, policy impacts must be weighed: what is the base-rate effect of allowing transgender women in women's sports on competitive fairness? What are the statistical risks in single-sex spaces? These are not questions of principle alone but of measurable effect, requiring sober analysis that acknowledges trade-offs and seeks to minimize net harm.

By surveying these four territories, we accomplish a crucial first step: we cease demanding that one kind of truth—biological, psychological, cultural, or ethical—surrender to another. We see that the conflict arises because each territory answers a different question. The biological territory asks, "What *are* we, as a species?" The psychological asks, "Who am *I*, as an individual?" The cultural asks, "What do we *believe* these categories mean?" The ethical asks, "How should we *live* together given all of the above?"

The path out of the impasse lies not in choosing one question, but in learning to hold all four in mind at once. That is the work of integration.

## The Integration: From Either/Or to Both/And

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Having mapped the territories, we face the central challenge: these landscapes are not separate countries to be visited one at a time. They exist simultaneously, layered upon one another, each influencing and being influenced by the others. To understand gender, we must learn to inhabit the tensions between them. This is not a call for compromise, but for a higher-resolution picture—one where seemingly contradictory truths can coexist because they are truths of *different kinds*.

The core error of our current discourse is **the fallacy of collapse**: the insistence that one territory's truth must invalidate another's. But reality is not so simple. We can—and must—hold multiple truths at once if we wish to see the whole.

### **\*\*Holding the Tensions: Concrete Both/And Examples**

Consider the biological and psychological landscapes together.

- **Both/And 1:** *The human species exhibits strong, statistically binary sexual dimorphism, **and** there exists a small but non-trivial percentage for whom the psychological experience of gender is profoundly incongruent with that biological patterning.*

This is not a contradiction. It is a description of a complex system. Acknowledging the overwhelming

binary tendency of human biology does not erase the lived reality of the transgender person. Conversely, acknowledging the reality of transgender experience does not erase the biological clusters of male and female. The first is a statement about population-level distributions; the second is a statement about individual, subjective consciousness. They operate on different levels of analysis. Biology provides the **probabilistic landscape** upon which the drama of individual psychology unfolds; it sets the stage but does not write every character's lines.

Now, bring culture into the mix.

- **Both/And 2:** *Gender roles are powerfully shaped by culture and history (they are "constructed"), and these constructions are not arbitrary fantasies; they interact with, and are often built upon, biological substrates and psychological universals.*

The fact that "motherhood" is constructed differently in 21st-century Sweden than in 18th-century rural China does not mean caregiving is a meaningless fiction. It means the *expression* of a deep-seated potential—born from biological reality (pregnancy, lactation) and psychological bonds—is channeled by culture. To say "gender is a social construct" is a profound insight into cultural variability. To then claim it is *only* a social construct, with no connection to our evolved nature, is to commit the opposite collapse—denying the very raw materials that culture is shaping. The integrative question is not, "Is it biology or is it culture?" but rather, "Given our biological and psychological potentials, which cultural constructions lead to the most human flourishing?"

Finally, let us integrate the ethical landscape with the others.

- **Both/And 3:** *We have a profound ethical duty to protect children from irreversible harm, and we have a profound ethical duty to alleviate the severe, documented suffering of gender-dysphoric youth.*

This is the tragic heart of the conflict, where two protective instincts clash. Integration refuses to villainize either impulse. Instead, it demands we ask more precise questions: What constitutes "irreversible harm"? Is it solely medical intervention, or is it also the psychological scarring of forced repression? What does the evidence tell us about developmental trajectories, about the persistence of dysphoria, about the risks and benefits of different approaches at different ages? An integrated ethics does not pick a side *a priori*; it seeks a path that **minimizes net suffering** across all territories, using the best evidence from biology, psychology, and a clear-eyed view of cultural pressures.

## Steelmanning the Fears: Why Integration Feels Threatening

This integrative move will feel unsatisfying, even dangerous, to those holding firm positions. It is crucial to understand why, and to take those fears seriously.

- **The "Zero-Sum" Fear (from the Biological/Protective Territory):** "If we fully accept subjective identity as the ultimate authority, we destroy any objective basis for single-sex spaces, sports, or protections. You are asking us to abandon material reality for feelings, sacrificing the safety and fairness of women and children." This is not a paranoid fantasy. It is a legitimate concern about the practical

consequences of collapsing the psychological and ethical territories into the biological, rendering the latter irrelevant. Integration must answer: How do we create systems that respect subjective identity *without* betraying the legitimate, often safety-based, reasons for sex-based categories? The answer lies not in demolition, but in **nuanced design**—in creating new, more flexible categories and exceptions that can handle complexity, rather than pretending it doesn't exist.

- **The "Slippery Slope to Erasure" Fear (from the Psychological/Cultural Territory):** "If we re-center biology, even as a 'probabilistic landscape,' you are giving ammunition to those who wish to pathologize us, to call our identities delusions, and to roll back our hard-won rights. You are undermining the very foundation of our demand for dignity." This, too, is a legitimate fear born of historical trauma. Integration must answer: How do we acknowledge the biological facts *without* letting them be used as tools of invalidation? The answer lies in a firm, ethical commitment: **Biology is not destiny, and a biological description is not a moral prescription.** The science of sexual dimorphism cannot tell us how a person *should* live or identify. That authority remains with the individual, in dialogue with their community and caregivers.

Integration, therefore, is not a comfortable middle ground. It is a more demanding, more complex stance. It requires us to live with the discomfort of "yes, and." It asks us to see the protester holding a "Biology is Real" sign and the teen fearing for their future not as enemies in a war, but as human voices emphasizing different, vitally important parts of a truth too large for any one slogan to contain.

The goal is not to silence these voices, but to help them hear each other. To move from a battle over which territory is sovereign, toward a collaborative mapping of how they all fit together. The principles that emerge from this shift are not conclusions, but tools for navigation. They form the starting point for a saner discourse.

## A Path Forward: Principles for Discourse and Bridging Questions

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Integration is not an answer; it is a method. It provides no easy solutions to deeply entangled problems, but it offers something perhaps more valuable: a way to think about them that reduces collateral damage and opens avenues for genuine progress. From the work of holding these territories together, we can distill a handful of principles—not as commandments, but as shared rules of navigation for a discourse that has lost its way.

### Principles for a Sane Discourse

- **The Principle of Non-Collapse:** Resist the urge to reduce one territory of evidence to another. "Gender is JUST a social construct" is a collapse. "Transness is JUST a mental illness" is a collapse. "It's ONLY biology" is a collapse. Each statement takes a real insight and inflates it into a totalizing dogma, erasing the complexity we have just mapped. Our first discipline must be to say, "That is true, as far as it goes. Now, what do the other territories add?"

- **The Principle of Developmental Context:** A child is not a small adult. An adolescent is not a child. Our ethical and medical approaches must be exquisitely sensitive to this. The protective instinct that guides a parent of a gender-nonconforming 6-year-old is rightly different from the approach for a persistently dysphoric 16-year-old. Evidence, not ideology, must inform these distinctions. What supports exploration and reduces distress at one stage may be inadequate or inappropriate at another. We need frameworks that can adapt along the lifespan.
- **The Principle of Humane Prioritization:** In the face of uncertainty and suffering, our first ethical obligation is to reduce harm. For the individual experiencing acute gender dysphoria, this means access to competent, compassionate care—which may be psychological, social, or, where evidence supports it, medical. For the culture at large, this means fostering an environment where such care can be deliberated without panic or politicization. This principle demands we follow the suffering and address it directly, without allowing abstract battles to supersede concrete human need.
- **The Principle of Intellectual Charity:** Assume your interlocutor is intelligent and acting from a coherent, values-based worldview. The person concerned about women's sports is not necessarily a bigot; they may be operating from a deep commitment to fairness shaped by the Biological and Ethical territories. The person advocating for rapid affirmation is not necessarily a groomer; they may be motivated by a visceral drive to prevent suicide, informed by the Psychological territory. Start by asking, "What true thing are they trying to protect?" This does not require agreement, but it is the precondition for any dialogue that isn't merely performative combat.

## Bridging Questions (Not Final Answers)

With these principles as our guide, we can reframe the dead-end debates into open, investigative questions. The goal is not to arrive at a predetermined conclusion, but to structure the inquiry in a way that honors complexity.

1. **For Society:** How do we design institutions—schools, healthcare, law—that are **stable enough to provide safety and coherence**, yet **flexible enough to accommodate legitimate human variation**? Can we imagine new categories, or exceptions to old ones, that protect collective interests without erasing individual identities?
2. **For Youth & Healthcare:** Under what specific, evidence-informed conditions (considering age, diagnostic clarity, duration of dysphoria, mental health comorbidities, and maturity) does the balance of potential benefits and harms tilt toward social transition, psychological support, or medical intervention? **How do we create a care pathway that is both compassionate and cautious**, one that avoids both the tragedy of unnecessary medicalization and the tragedy of withheld, life-saving care?
3. **For Research & Policy:** Given that our long-term data on many interventions is still evolving, how do we structure "**prudent vigilance**"? How can we support those in need today while rigorously studying outcomes to guide tomorrow's practices? How do we build feedback loops from experience into policy,

free from activist or ideological capture?

4. **For Dialogue:** How can we discuss these profoundly personal and political issues **without forcing a choice between scientific reality and human dignity**? What language, what forums, what ground rules allow us to confront hard truths about biology, psychology, and ethics without dehumanizing those who embody the complexities we are trying to understand?

These questions have no easy answers. But they are the *right* questions—questions that arise from looking at the whole map, not just one corner of it. They move us from a war of absolutes to a shared project of navigation. The path forward begins not with a consensus on conclusions, but with a shared commitment to a better, more complete form of inquiry. It begins when we stop asking "Who is right?" and start asking "What are we missing?"

## On Using This Map (And Not Being Used By It)

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This map, like all maps, is an abstraction. It is made of ideas, categories, and probabilities. It is clean where life is messy, logical where life is emotional. It is important to remember what it is, and what it is not.

**This map is not compassion.** It discusses statistical distributions while a parent lies awake in fear. It analyzes cultural paradigms while a teenager contemplates suicide. It outlines ethical principles while communities fracture with mutual suspicion. Intellectual understanding can illuminate a path, but it cannot walk it for us. The ultimate goal of this exercise is not to win an argument, but to deepen our capacity for empathy. Use this map to understand the fears and hopes of the person across from you, not to more efficiently debate them into silence.

**Beware the Diagnosis Trap.** This is the most seductive and corrosive misuse of any framework. The moment you find yourself thinking, "Ah, they're just stuck in the Biological Territory," or "That's a classic Green emotional overreaction," you have ceased to listen. You have started to classify. You have replaced engagement with taxonomy. The map is meant for *your* internal navigation—to help you understand why you feel confused, or why a conversation suddenly went off the rails. It is not a tool for labeling others, for assigning them a stage, or for dismissing their concerns as mere symptoms of a limited worldview. To do so is to commit the very sin of "collapse" we have warned against, just at a more meta level. It is to recreate the impasse with more sophisticated weapons. The aim is mutual understanding, not intellectual victory.

**This is a provisional sketch.** It is drawn with the best tools and data available to us at this moment in a rapidly evolving conversation. Parts of it will be incomplete. Some lines will be proven wrong by new evidence from neuroscience, by deeper anthropological study, or by the lived experiences of future generations. This is not a failure of the map; it is the nature of reality. Our understanding must remain fluid, humble, and open to revision.

Therefore, let this not be an end, but an invitation.

If you see a flaw in the cartography—a missing territory, a misdrawn border, a topographic feature misunderstood—do not discard the map in disgust. **Help to refine it.** The project is not to be "right" according to this particular schematic, but to collectively move toward a clearer, more comprehensive, and more humane sight of reality—and of each other.

The true measure of this map's value will not be in how elegantly it resolves theoretical contradictions, but in whether it allows us to approach one another with a little more patience, to listen with a little more generosity, and to navigate our shared world with a little less unnecessary conflict.

The goal is not a perfect map. The goal is a less broken conversation.