

## To Count or Not to Count: Queering Measurement and the Transgender Community

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**Abstract:** This paper recognizes the perils of forcing queer subjects into tick boxes but argues that the urgent need for transgender-accessible bathrooms requires a more inclusive count of this vulnerable population. Most estimates of the transgender population are flawed because they measure only the transsexual population. This paper uses a more broadly defined transgender subjectivity that includes transsexuals and cross-dressers, as well as intersex, gender-flux, or gender-nonconforming individuals for a total of 9,318,597 individuals or nearly 3 percent (2.92) of the U.S. population.

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An area of increasing attention at the intersection of social sciences and queer theory is how to study LGBTQ+ populations, particularly what methods are most appropriate for assessing the fluid subjectivities contained within the broader LGBTQ+ community. In this context, estimating the size of the queer (LGBTQ+) population both challenges this fluidity and acts to undermine heteronormativity and its exercise of Foucauldian governmentality (Foucault 1978). If compulsory heterosexuality “others” queer populations, then counting queer populations may undermine this “otherness” by demonstrating the legitimate needs of the LGBTQ+ population for basic facilities. The urgent need for transgender access to safe bathrooms and social services, including medical care, justifies the act of counting. Bathroom access enables trans and other gender-nonconforming people to move through public space. Since politicians excel in counting votes, without more complete estimates of trans and gender nonnormative people, public officials are unlikely to invest in safe and accessible public facilities. In late 2015 and early 2016, legislative

efforts to keep transgender people out of bathrooms have intensified, making the counting issue even more critical.

Queer methodologies require both researchers and subjects to acknowledge the complexity of their subjectivities and lived experiences (Ryan-Flood and Rooke 2009). Interactions between researcher and subject are easily compromised when respondents are subjectively categorized to facilitate the aims of the research. For instance, Warner (2004) argues that most research on LGBTQ+ populations reifies research subjects into fixed categories chosen by the researcher that do not reflect the lived realities of these subjects. Browne's (2008) participation in a quantitative survey using "tick boxes" to identify various LGBTQ+ subjectivities risked "selling out" her identity as a queer researcher, but it did provide useful insights into the inequalities faced by some lesbian and gay subjects that were an essential first step to ameliorating inequality and developing more just policies.

Clearly, the measurement of subjective categories can be tricky. Weston (2009) suggests that measuring lesbian subjectivities requires the deconstruction of even the most basic approaches. For example, simply asking a subject about their identity is fraught, because self-identification is dependent on the ways that individuals interpret what it means to be a lesbian. However, because such identities, including "ex-lesbians" and men who identify as lesbians, are often in flux, the lesbian category destabilizes the very research process. Because self-definition also permits anyone to lay claim to lesbian identity, the results can be at odds with so-called common sense understandings of the term. In a pop-culture example of the fluid boundaries of self-definition, a character on the television drama *The L Word*, who was born male, insisted he identified as a lesbian and struck up a relationship with a female character who had a history of erotic involvement with other women (Weston 2009, 142).

Measuring transgender identity is harder to do since it is one of the least visible segments of the LGBTQ+ rainbow. This paper applies a queer theory lens that seeks both to destabilize categories such as "gender" and to avoid severing queer bodies from the environment in which they live, breathe, and excrete bodily fluids. Within queer theory, Jagose, among others, highlights the instability of identity categories, arguing that "queer is an identity category that has no interest in consolidating or even stabilizing itself. . . . [Q]ueer is always an identity under construction" (1996, 131). Corber and Valocchi (2003) suggest that subjectivities arise not from

within the self but outside it. Butler (1990) extends this instability to the performance of gender that transcends the body, and Grosz (1992) argues that a complex feedback relation exists between bodies and environments. Longhurst (1997) notes that bodily experiences of gender both shape and are shaped by the nature of the spaces in which they occur. Finally, Brown and Knopp (2008) argue that the spatial contingency of these queer populations means that analyzing the dimensions and characteristics of queer populations can usefully reveal the workings of hegemonic power.

Applying this queer lens makes clear that transgender people are not a fixed group but reflect multiple subjectivities, complicating the collection and analysis of these data. Susan Stryker provides an early definition of transgender as

an umbrella term for a wide variety of bodily effects that disrupt or denaturalize heteronormatively constructed linkages between an individual's anatomy at birth, a non-consensually assigned gender category, psychical identifications with sexed body images and/or gendered subject positions, and the performance of specifically gendered social, sexual, or kinship functions. (1998, 149)

This broad conceptualization encompasses a variety of gendered subject positions including cross-dressers, transsexuals, and a range of other subjectivities. However, even these constructions can be problematic, since an overarching transgender identity does not mesh with some people's conceptualization of their subjectivity or their lived reality due to their race and class positions (Valentine 2007). Singer (2015) notes that the rather stilted transgender imaginary rules out some gender-nonconforming individuals whose complex subjectivities make counting the transgender population more of a challenge. For instance, many drag queens do not consider themselves transgender, though they may live most of the time as women, take female hormones, and/or have surgeries to help them present in a more feminine manner. Other individuals with limited income may struggle with gender identity issues, but because of the expenses of surgery and transition, they eschew the label "transgender" as not pertaining to them. However, for counting purposes, any regularly occurring cross-gendered performance clearly places the performer in a category that might need access to safe bathrooms, at least when they are in performance mode. A parallel argument is sometimes made about the identity "gay," which is a social construction that does not include some

men who do not consider themselves gay although they sometimes have sex with other men. The MSM (men who have sex with men) category was developed during the HIV epidemic in the 1980s to capture risky behavior rather than identity per se (Williams et al. 2004).

Stryker (2008) addresses this point directly by admitting that she applies “transgender” to groups that would not apply it to themselves, but she argues that this is a device for telling the story of the history of a movement, or in the context of this paper, for **counting as broadly as possible**. For example, while not all intersex people are transgender, sometimes the transgender umbrella includes them. Intersex activist Cheryl Chase found support from the transgender community that helped her understand her own intersex status as an “experience of movement through pain to personal empowerment described by other intersex and transsexual activists” (1998, 198). Accordingly, intersex people whose gender identity and anatomical sex do not fit within a rigid dichotomy are sometimes included as transgender even though they may not so self-define.

While some queer theorists avoid the counting of highly vulnerable populations, other researchers continue to estimate and analyze those people falling into each subgroup. One reason for counting is the need to provide appropriate services to a highly vulnerable community that suffers from broad-based discrimination (Grant et al. 2011), violence (Lombardi and Wilchins 2001; Kenagy 2005; Doan 2007), suicide (Haas, Rodgers, and Herman 2014), and a lack of appropriate medical services (Kenagy 2005; Bradford et al. 2013). Unfortunately, many counts underestimate significantly the number of gender variant and nonnormative people. This paper begins by considering the traditional methods of counting the transgender population, including the medical model, and then uses a queer lens to expand the subjectivities that are included in these estimates. Recognizing the fluidity of gender and identity, the paper concludes by asking whether **even the roughest estimates can truly represent the complexity of this burgeoning set of identities.**

### **Traditional Methods for Counting the Transgender Population**

Traditionally, it has been very difficult to obtain information about the transgender community because some parts remain hidden from view. The standard source of demographic information in the United States, the decennial census, uses discrete tick boxes for male and female and does

not allow for other gender identities, making it impossible to use this definitive source to count the transgender population. Accordingly, alternate methods are needed to estimate this population.

### Transsexual Estimates

The standard estimates of transsexuals are based on reporting by the doctors of people who have been seen by the psychiatric community in various clinics and private offices and requested surgery. The traditional medical determination of transsexual identity required patients to fit within very precise conditions in order to be approved for sexual reassignment surgery (now sometimes called gender affirmation surgery). In the 1960s and 1970s, doctors considered factors including whether individuals would be heterosexual after transition, whether they could successfully “pass” as their intended gender, and whether they were willing to move and/or change jobs so that they would not be “outed” (Meyerowitz 2002). These criteria constitute a truncated tick-box approach since those not “approved” for surgery were not counted.

The *Diagnostic and Statistical Manual of Mental Disorders* (DSM) produced by the American Psychiatric Association reported that “roughly 1 per 30,000 adult males (0.003 percent) and 1 per 100,000 adult females (0.001 percent) seek sex-reassignment surgery” (2000, 579). For some people the trauma of being labeled “transsexual” may have discouraged them from ever presenting themselves to the medical community. Other estimates (Bakker et al. 1993) from the Netherlands where transsexual status is less stigmatized suggested that the prevalence of transsexuals may be significantly higher at 1 per 11,900 males (0.008 percent) and 1 per 30,400 females (0.003 percent). Similarly, in Singapore, Tsoi (1988) has reported that prevalence is even higher, with 1 per 9,000 males (0.011 percent) and 1 per 27,000 females (0.004 percent). However, Conway (2002) argued that these are old estimates and must be updated. Her approach used estimates of sexual reassignment surgeries conducted in the United States and Canada to argue that the prevalence of female to male transsexual surgeries may be closer to 1 in 2,500 males (0.04 percent).

In fact, not all transsexuals can afford the cost of surgery or desire a radical solution and may opt to transition without surgery. In Britain a recent estimate of the number of transgender people who transitioned suggests 0.1 percent of the adult population (Reed et al. 2009). In New Zealand,

data from the passport agency indicates that roughly 1 in 6364 or 0.15 percent of the population, both male and female, have applied to change the sex markers on their New Zealand passports (Veale 2008). A conservative count in this case estimates 0.1 percent of the adult population as transsexual, meaning they have taken steps to transition and live permanently in the gender that matches their identity.

### Cross-Dresser Estimates

The above estimates necessarily exclude cross-dressers because they do not fit within the narrow transsexual box. However, some people choose to wear clothing associated with the opposite sex on an occasional or sometimes more frequent basis.<sup>1</sup> There is a high level of stigma attached to the term “cross-dresser,” though it is vastly preferred to the older term “transvestite.” No matter what term is used, it is very difficult to estimate the size of this segment of the transgender community, since cross-dressing largely takes place in private spaces, and many cross-dressers eschew therapy. Noted sexologists Bullough and Bullough (1993) have suggested that a rough estimate of the extent of cross-dressers in the population might be 1 percent of the adult male population.

### Intersex Population Estimates

In assembling a count of the transgender population it is important to consider physiological variations in the construction of gender. It is commonly assumed that there are only two sexes, but there is increasing evidence that there is much greater diversity in our physiological understanding of sex than previously judged. Fausto-Sterling (2000) argued that from a biological perspective there is a great deal of overlap in every characteristic that might be used to divide the sexes into a simple dichotomy. In particular, a significant number of babies are born with ambiguous genitalia and can be classified as intersex. Prior to 2006, invasive early surgeries were routinely recommended by pediatricians attempting to “fix” babies with nonnormative genitalia. These decisions were based on the surgeons’ perceptions of a baby’s organs and *not* on the baby’s incipient gender identity, since that cannot be known for a number of years. Other intersex individuals whose conditions are linked to chromosomal differences may not appear visibly intersex until puberty or after. Considering intersex people

as “errors” is extremely problematic. These children are not anomalies but represent errors in our conceptualization. While intersex is not precisely transgender, it is certainly a category that endures many similar societal sanctions for nonnormatively gendered people and therefore should be included under the umbrella. Kessler (1998) estimates that prior to changes in these pediatric protocols, doctors recommended “corrective surgery” for roughly 1 to 2 babies in every 1000 live births (0.2 percent) to fix these sexual “anomalies.”

### **Traditional Estimates of the Transgender Population**

A preliminary “count” of the transgender community in the United States that starts with the medical model of transsexuality and adds estimates of cross-dressers and intersex people is displayed in figure 1. The Census estimates the U.S. population as 314,107,084 in 2014, and the adult population as 240,329,426. The transsexual population (0.1 percent) can be calculated as 240,329 people. The population of adult male cross-dressers (1 percent of adult males) can be calculated as 1,167,991 people. The intersex population (0.2 percent of the whole population) can be calculated as 628,214 people. These estimates provide a total of 2,036,535 transgender people in the United States or 0.65 percent of the U.S. population.

### **Accounting for Gender Fluidity within the Transgender Community**

Unfortunately, these traditional counts do not do justice to everyone who struggles with a rigidly dichotomous gender system. In the natural sciences there is evidence that gender diversity is more complex than a simple binary model of male and female. In ecological science Roughgarden (2004) provided numerous examples of species that exhibit a range of gendered behaviors and attributes that cannot be explained with a simple dichotomy. In the social sciences Bondi (2004, 12) has suggested that “the binary construct of gender . . . [is] a superfluous and unnecessary distraction from the reality of the human condition.” Within the trans community, a number of scholars have argued for a queerer and more flexible understanding of gender. These scholars use a queer understanding of gender to transcend the dichotomy and move past a binary conceptualization.<sup>2</sup> For instance, Bornstein describes her discovery that gender transcends the binary as follows:

And then I found out that gender can have fluidity, which is different from ambiguity. If ambiguity is a refusal to fall within a prescribed gender code, then fluidity is the refusal to remain one gender or another. Gender fluidity is the ability to freely and knowingly become one or many of a limitless number of genders, for any length of time, at any rate of change. Gender fluidity recognizes no borders or rules of gender. (1994, 51–52)

Wilchins (2004) argues that the inequalities embedded in a highly structured gender system are the driving force toward the adoption of a non-dichotomous vision of gender. My own experiences have provided some insights into gender fluidity that I described in an auto-ethnographic description of a walk through a shopping mall (Doan 2010). This example prompted me to consider a Heraclitean frame of reference to situate the experience:

	Ref. Rate	Ref. Pop	Pop 2014 est.
U.S. Total Pop			314,107,084
U.S. Adult Pop			240,329,426
U.S. Adult Males			116,799,121
Transsexuals	0.1%	U.S. Adults	240,329
Cross-dressers	1%	U.S. Adult Males	1,167,991
Intersex	0.2%	U.S. Pop	628,214
<b>Total Trans Pop</b>			<b>2,036,535</b>
<b>Trans %</b>			<b>0.65%</b>
Expanded Transsexuals	0.5%	U.S. Adults	1,201,647
CD and Gender Fluid	2%	U.S. Adults	4,806,589
Expanded Intersex	1%	U.S. Pop	3,141,071
<b>Expanded Trans Pop</b>			<b>9,149,306</b>
<b>Expanded Trans %</b>			<b>2.91%</b>

**FIG. 1.** Estimates of the Transgender Population in 2014 Using Traditional Methods and Expanded Counts. Sources: United States 2014 Population figures (Total, Adult, and Adult Male) from the U.S. Census. Estimated rates calculated by the author.



I experienced my gender as a kind of moving target, like one of those opposing moving sidewalks in modern airports. I was moving in one direction and the spectators were moving in the other, and somewhere in between, my gender was constructed and reconstructed with each fleeting moment. In this way not only was the gender I expressed subject to the fluidity of my movement through the mall, but the spatiality of this performance was also shifting with each instance of my performative interaction. (2010, 645–46)

The editors of the 2008 *Trans-* issue of *WSQ* reflect this shift to a more fluid understanding of gender by arguing that it was time for “bursting ‘transgender’ wide open, and linking the questions of space and movement that the term implies to other critical crossings of categorical territories” (Stryker, Currah, and Moore 2008, 12). The result has been a proliferation of subjectivities that are too numerous to name. As an illustration of the scope of this identity explosion, the National Transgender Discrimination Survey collected responses from 6,546 people, the largest data set ever assembled on the transgender community. The questions used to determine transgender status were carefully constructed to account for both gender identity and sex assigned at birth. They also used an open-ended component (Question 3) for “gender not listed” (GNL). The authors note:

Q3 garnered 860 written responses to GNL, many of them creative and unique, such as twidget, birl, OtherWise, and transgenderist. The majority of these respondents wrote in genderqueer, or some variation thereof, such as pangender, third gender, or hybrid. Still others chose terms that refer to third gender or genderqueers within specific cultural traditions, such as Two-Spirit (First-Nations), Mahuwahine (Hawaiian), and Aggressive (Black or African American). (Harrison, Grant, and Herman 2012, 14)

These 860 written responses constituted 13 percent of the survey, illustrating the breadth of the transgender subjectivities that were included in this count (Harrison, Grant, and Herman 2012). The authors indicate that of these 860 write-in answers, 73 percent were composed by individuals assigned female at birth, though for the entire sample 60 percent were assigned male at birth. The lopsided nature of these conceptualizations from the perspective of sex assigned at birth is intriguing. It seems clear that some of these people assigned female at birth are choosing to

define themselves in ways that are different from traditional female to male (FtM) identities. It is unclear what effect going forward this will have on the counts of male to female (MtF) versus FtM people.

Other evidence from the same source indicates that a number of respondents appear to no longer recognize binary gender as an identity, suggesting that gender itself has been splintered. On this same open-ended question, 23 respondents used words that indicate they refuse to acknowledge any gender, 19 responses indicated completely fluid gender, 16 answers suggested tri-gender or third gender, and 10 individuals used the terms “gender-fuck” or “radical-fuck” for a total of 68 or roughly 8 percent of the gender not listed (GNL) respondents.

In another study, Stachowiak (2016) conducted qualitative interviews with genderqueer individuals and argued that their experiences reflect a process of continuous and simultaneous negotiation of gender in the face of external oppression. It is clear that these diverse identities represent creative experimentation with alternate subjectivities and at times a deep-rooted conviction that the current gendered system is not working. In the end, they “trouble the waters” of traditional counting processes.

### **Queering the Count for a More Fluid Transgender Community**

After a strong storm, especially one with high winds, one often finds the tattered remains of blown-out umbrellas strewn along the sidewalks. The results from the National Transgender Discrimination Survey suggest that, while it is time to discard this metaphor for queerness, there is no replacement terminology that includes and possibly shelters all the people gathered in the vicinity of this blown-out umbrella.<sup>3</sup> No matter what term is used, estimates of vulnerable people are needed to demand that decision makers respond and provide appropriate and safe bathrooms.

As indicated above, estimating the precise numbers of these vulnerable populations is fraught with complexity, since subjective identities within the trans population are quite diverse. Accordingly, many attempts to count this vulnerable population actually miss the mark by forcing fluid subjectivities into narrow gender boxes (Singer 2015; Ingraham, Pratt, and Gorton 2015; Thompson and King 2015). The following section seeks to expand traditional counting methods by queering the gender dichotomy and incorporating a broader range of subjective identities that express gender nonnormativity. In the interest of clarity, this paper refers to this

expanded and complex population as the transgender community, even though not all those included would label themselves using this term.

### **Expanding the Definition of Transsexual**

Transgender activists often criticize medical and therapeutic communities for their role as gatekeepers with a special kind of regulatory power (Foucault 1978). Many traditional estimates of the size of the transgender population are based on this gatekeeping. First, it is essential to examine the one-sidedness of many estimates of transsexuals. Evidence from Sweden (Landén, Wälinde, and Lundström 1996) suggests that increasing numbers of FtM are requesting and receiving reassignment surgery, undermining the long-standing disparity in FtM and MtF surgeries. Current surgical procedures for FtM are unable to create a fully functional neophallus and are much more expensive than the surgical procedures for MtF individuals. As a result, counts based solely on surgeries performed will significantly undercount FtM individuals. Furthermore, age may also be a factor here, since there appears to be an increasing number of FtM individuals in the eighteen to twenty-five age cohort, though we have little direct evidence that is disaggregated in this manner.

In addition, the traditional counts are deeply flawed for both FtM and MtF people because the stigma attached to gender nonconformity and transgender status have likely inhibited many individuals from ever seeking professional advice. Furthermore, a significant number of transgender people do not consider themselves ill or disordered, and they are unlikely to present themselves to the medical community. In addition, insurance policies often explicitly exclude any gender-identity-related treatment, making the high costs of therapists and the even higher costs of reassignment surgery simply unaffordable.

Accordingly, it is essential to expand the count beyond those who have had surgery. More precise estimates of this population suggest that as many as 1 in 500 (0.2 percent) can be considered transsexual (Olyslager and Conway 2007). A different study used data from the 2007 and 2008 Massachusetts Behavioral Risk Factor Surveillance Survey to estimate that 0.5 percent of adults between eighteen and sixty-four identified as transgender (Conron et al. 2012). The critical difference to note here is that individuals self-identified as transgender, not necessarily transsexual. The prompt used in this study was as follows:

Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman. Do you consider yourself to be transgender? (Conron et al. 2012, 118)

This study is quite significant because it is one of very few estimates that is derived from a population-based survey that specifically asks about self-identified transgender status and not transition or surgery.

Finally, a widely cited estimate by the Williams Institute at the University of California, Los Angeles, averages previous estimates (Conron et al.'s high estimate of 0.5 percent, Olyslager and Conway's 0.2 percent, and Reed et al.'s estimate of 0.1 percent) to argue that approximately 0.3 percent of the U.S. population is transgender (Gates 2011). Unfortunately, this average mixes apples and oranges, since the 0.1 percent estimate is for transsexuals who have transitioned, the 0.2 percent is an estimate of transsexual incidence, and the 0.5 percent is for people who self-identify as transgender. Since the purpose of this paper is to estimate transgender subjectivities, it is more appropriate to extrapolate from those who self-identify as transgender (0.5 percent) by expanding the Massachusetts survey data to the entire U.S. population (Conron et al. 2012). While there may be some concern that extrapolating a statewide survey conducted in Massachusetts to the national level may introduce some errors, it seems less of a stretch than applying estimates from Great Britain (Reed's 0.1 percent) and/or New Zealand (Veale's 0.5 percent) to the United States. The critical factor here is that the Massachusetts-based survey was the first to allow trans people to self-identify as transgender, thereby yielding a significant improvement in the data.

In analyzing these data I made the decision not to conduct separate estimates for trans men and trans women. Although historical data suggests there may be disparities between the number of FtM and MtF individuals, recent estimates place these numbers much closer to parity. There are certainly a number of older individuals who were identified at birth as female and over time came to self-identify with other nonnormatively gendered butch lesbians. It is possible, and perhaps probable, that given a more expansive understanding of transgender to include nonbinary categories that include the gender fluid, some proportion of these butch-identified women might more comfortably self-classify as somewhere on the trans continuum. For example, in a recent interview, noted queer theorist Judith Butler

suggested, “Sometimes I think that I am probably trans” (Tourjee 2015). This resonates with my own experience after conducting a workshop on trans issues when several older lesbian women approached me wondering that perhaps if they had heard this more expansive understanding of “transgender” when they were younger, they might have adopted trans as a part of their identity. No age-specific counts would account for these individuals, but they might be more easily included in the following category.

### **Counting the Gender Flux Category**

The cross-dressing category outlined earlier in this paper is too narrowly construed and needs expansion. While some men of a certain age (certainly baby boomers) might engage in cross-dressing, I wonder if younger people identified at birth as male may feel freer to express a wider range of gender behaviors in the twenty-first century. There is no reliable method for identifying all those who were identified as male at birth for whom this identity does not feel comfortable. The common element among both men who cross-dress and young people who express their gender as “genderqueer” or “gender-fuck” is the fluidity of their gender expression with respect to the sex that they were assigned as at birth.

But what about women who wear men’s clothing? Since women can cross-dress at will with little to no consequences, this is a much more difficult estimate. Bullough and Bullough suggest these numbers are even more elusive since female cross-dressers and gender benders are “quieter about their behavior” (1993, 315). A queer approach would ask, how should women who cross-dress be counted? The problem for counting is that it is difficult to sort out who is simply making a fashion statement and who is wearing men’s clothes as an act of nonnormative cross-dressing or a precursor to accepting a transgender subjectivity. A reexamination of the National Transgender Discrimination Survey found that 192 respondents of the total number of 6,456 responses (nearly 4 percent) were assigned female at birth but reported living part of their lives dressed as men (Harrison-Quintana, Glover, and James 2015), suggesting that there are significant numbers of female to male cross-dressers. Other results from this same survey suggest that 73 percent of the 860 respondents who reported “no gender listed” were identified as female at birth. This suggests that a significant number of women report behavior that is gender fluid or explicitly nongendered.

There is no clear-cut means of gauging the size of this gender-flux population, but if gender differences are experienced equally across the gender spectrum, then equal percentages should be used. Adding gender-flux people suggests that the traditional cross-dressing estimate of 1 percent of the adult male population is likely too low. For example, Conway (2002) suggests that cross-dressing clubs typically estimate that 2 to 5 percent of the male population cross-dresses privately on an intermittent basis, and a proportion perhaps as high as 1 to 2 percent of this same population actively considers transition. These numbers suggest a higher percentage for men could be used, perhaps 2 percent as a conservative estimate. Since estimates of individuals who experience and express gender fluidity must also include those who were identified as female at birth, it seems appropriate to apply this percentage to the entire adult population.

### **Expanding Intersex**

Kessler (1998) has argued that a careful examination of individuals who identify as intersex challenges the notion that all gender is socially constructed. Intersex activist Chase has argued that “insistence on two clearly distinguished sexes has calamitous personal consequences for the many individuals who arrive in the world with sexual anatomy which fails to be easily distinguishable as male or female” (1998, 189). As partial confirmation, Ainsworth (2015) has argued that for humans, the idea of two sexes is simplistic, especially when considering the nondimorphic evidence from chromosomes. More rigorous analysis suggests that as many as 1 percent of babies born could to some extent be intersex or have what the scientific community now calls a disorder of sexual development (Arboleda, Sandberg, and Vilain 2014). These numbers suggest that a much higher percentage of the population than previously expected is forced to deal with some level of incongruity about societal expectations for normatively sexed people.

### **Expanded Transgender Population Counts**

Using a more broadly defined understanding of transgender yields a significantly larger estimate of the population under the umbrella. The estimate of 0.5 percent (Conron et al. 2012) of the U.S. population indicates that there might be 1,201,647 transgender people. Adding the cross-dress-

ing population as 2 percent of the adult population (including both males and females) generates an additional 4,806,589 people. Finally, using the 1 percent figure for the expanded intersex population yields an additional 3,141,071 people.<sup>4</sup> Overall, these estimates produce a much larger total of people who experience some form of nonnormative gender identity. For the U.S. population in 2014, this amounts to 9,149,306 individuals who could broadly be counted among the transgendered, or nearly 3 percent (2.91 percent) of the U.S. population. This is a nearly fivefold expansion from 0.6 percent.

### Conclusions

Even with this large increase in transgender population estimates, it is important to ask whether it will ever be possible to precisely assess the number of nonbinary subjectivities now that the transgender umbrella concept has burst “wide open.” From a methodological standpoint it is not possible to extrapolate from the National Transgender Discrimination Survey to count the numbers of “gender not listed” or nongendered subjectivities on a national level. The survey provides a superb perspective on discrimination experienced by the transgender community, but the snowball approach used limits the ability to generalize to a wider population. It does, however, provide a rich assessment of the breadth of the transgender community in the second decade of the twenty-first century that is a significant improvement from the narrow medical model of transsexuality used previously.

Recognizing the vast array of nonnormatively gendered people who defy expectations for gendered behaviors is a crucial first step in expanding understanding. Perhaps this proliferation of new genders represents the flowering of a thousand or more genders, as suggested by Sandra Bem, an eminent feminist psychologist two decades ago:

I propose that we let a thousand categories of sex/gender/desire begin to bloom in any and all fluid and permeable configurations and, through that very proliferation, that we thereby undo (or, if you prefer, that we de-privilege or de-center or de-stabilize) the privileged status of the two-and-only-two that are currently treated as normal and natural. (1995, 330)

The above quote raises fundamental questions linked to the enumeration

of trans bodies and identities. Bem's exhortation about a thousand gender categories was intended to "turn up the volume" as a strategy for diminishing polarized gender roles, compulsory heterosexuality, and homophobia, but how are we succeeding? Has the scope of the transgender community and all of its related gendered expressions become so vast that the metaphor of an umbrella is no longer functional? Has the proliferation of identities and subjectivities reduced the intelligibility and viability of gender as a category, as perhaps intended by Bem?

The most critical question is, how does the larger heteronormative community respond to this proliferation of genders? From the perspective of a university professor located in the midst of the Deep South, the issue remains an important one. The epidemic of violence against transgender people and especially trans women of color continues unabated throughout the nation as a reminder of the vulnerability of people who display nonnormative genders. Across the Southern Bible Belt, conservative pastors use words like "abomination" to describe gender variant people both in church and at county commission hearings. Sometimes this fear-mongering enables them to achieve their heteronormative ends. The popular rejection of the Houston Equal Rights Ordinance in October 2015 is an example of painting the gender variant as "dangerous," raising the shibboleth of cross-dressed men assaulting women and children in bathrooms. The South Dakota state legislature passed a similar bill designed to limit transgender use of bathrooms in February 2016, but the governor ultimately vetoed it. Unfortunately, in March 2016 the North Carolina legislature succeeded in passing a sweeping measure that restricts bathroom usage to gender listed on birth certificates. The governor has signed this measure into law.

If a thousand genders bloom, how can society protect people expressing nonbinary gender from harmful backlashes? In the final analysis, bathrooms are a universal necessity, but they can easily turn into sites of political demagoguery that trigger physical threats to people whose gender does not conform to heteronormative expectations (see Lucal 1999 and Browne 2004). In a world that still clings to a rigid gender dichotomy, those who do not fit within that system pose a conundrum for public policymakers. Planning for rapidly shifting identities is a real challenge. While some municipalities (for example, Philadelphia) are committed to including "all gender" washrooms in future building projects, how many such bathrooms are needed? In addition, how can universities that are often at



ground zero for the exploration of alternate subjectivities assess the demand for more inclusive bathrooms?

Some queer scholars call for research to avoid quantitative assessments of sexuality and gender diversity because they constrain complex subjectivities into narrow boxes (Warner 2004). This paper has argued that failing to account for the entire transgender spectrum simply reifies outdated medical models that severely underestimate the size of this community. The large difference between the two summary counts calculated above (1.1 million versus 9.1 million) deserves further attention. There is a clear contrast between the overly conservative traditional approach and the more expansive approach that paints the transgender community with broad brushstrokes to increase awareness about a marginalized community that is often invisible and penalized by existing estimates.

If the purpose of counting the transgender community is to make decisions about the allocation of scarce public funds for transsexual surgery, then erring on the side of caution might be justified and indeed required. For example, if health officials are trying to predict the potential costs to city or state governments of including gender identity as a covered condition for insurance purposes, then it might not make sense to include cross-dressers, gender-flux, and intersex individuals. However, this paper has argued that some cross-dressers will in fact choose to have surgery, and some intersex people may also require a surgical solution for affirming a gender identity that was not visible anatomically. More importantly, if the purpose of counting is to correct the long-standing neglect of the transgender community by trying to gauge the number of people who are subject to fear, discrimination, and potential gender-related violence, then the larger number is justified. If cities want their public bathroom facilities to be safe and accessible for everyone, then using the larger estimate is essential. Under such circumstances counting can be a queerly radical act.

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## Notes

1. While the American Psychological Association (2015) suggests that many individuals who cross-dress do *not* identify as transgender, in my experience as a person who for twenty-plus years identified as a cross-dresser and eventu-

ally accepted my transsexual identity, I have argued that most cross-dressers are indeed transgender but experience their cross-gender feelings episodically and perhaps less intensely than others under the transgender umbrella (see Doan 2007).

2. See Butler 1990; Stone 1991; Stryker 1994; Stryker 2004; Rothblatt 1995; Feinberg 1996; Wilchins 1997; Wilchins 2004; Sullivan 2003; Green 2004; and Hines 2006.
3. The big top or a circus tent might be a better shelter metaphor, but its potential to further “other” trans people by bringing to mind circus freak shows makes it a nonstarter. Other large shelter metaphors like bomb shelters, castles, and walled cities have equally unfortunate connotations of militarism and outright warfare.
4. Technically the 1 percent figure applies to babies born, but if we assume that intersex babies occur and have occurred at a fairly constant 1 percent over time, it makes sense to apply this number to the entire population.

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