## Chapter 13: The return of Count Sandor

Many believe the trans community is tiny. This became obvious when I ran a small side survey asking respondents for their estimates of some of the percentages the survey measures, including the percentage of trans people. In trying to keep things simple, I foolishly used a number control on the answer form that didn’t allow people to enter answers between 0 and 1%. 1% was the most common answer overall, and a number of respondents added comments like:

I wanted to put a smaller number for the transgender population around my age. (0.01%).[[1]](#footnote-21)

You should have allowed decimals on percentage trans. It is closer to zero than one, but it is above zero. I would say 0.001 percent.[[2]](#footnote-22)

Like many of the identities we’ve been discussing, the real answer is very much a moving target. This last respondent, born in the 1950s, would have been very close to the mark had he answered the question this way as a teenager, in 1968. Back then, the US population was around 200 million, and American psychiatrist Ira B. Pauly, known for his research on this topic, estimated that there were 2,500 transsexual people (as they were then called) in the country.[^3] More recent figures seem all over the map. A 2011 study gave a “rough estimate” of around 0.3% of US adults,[[3]](#footnote-23) while several 2016 studies put the number at 0.4-0.6%, though a meta-analysis does note that “Future national surveys are likely to observe higher numbers of transgender people.”[[4]](#footnote-25)

Indeed they do. As elsewhere, our intuitive estimates tend to systematically undershoot for two reasons: first, because we form our models of the world when we’re young and are often slow to update them; and second, because if we look around at people our own age, we don’t see the whole picture. Big national polls, like those run by the Census, may be thrown off by anonymity concerns. Many studies also estimate averages without considering changes as a function of age and time. In responses to the question “Are you trans?,” we can see that both of these effects are powerful.

This is another of those cases where we see an effect a lot more radical than just a shift to the right by two years from 2018-19 to 2020-21. Sliding one curve to fit on top of the other would require a shift of somewhere between 7 and 15 years. This tells us that social contagion is a major factor here— and not just among the young, but at all ages.

Was David Reimer trans? While he was born a boy, he was raised as a girl. The medical procedures David underwent in his teens and twenties to align his body with his gender— phalloplasty and double mastectomy, plus lifelong hormonal treatments— were the same ones undertaken by many trans people who medically transition to masculine bodies. The same is true of the intangible, but also weighty social transitions: name, pronouns, relationships, legal documents. In assessing the relevance of nature versus nurture in David’s ordeal, his biographer, John Colapinto, wrote:[[5]](#footnote-27)

None of this is to suggest that nurture plays no role in gender identity. Virtually every page of *As Nature Made Him* contains an environmental cue or clue that helped to reinforce what Brenda’s prenatally virilized brain and nervous system were telling her. […] I attribute the case’s final and complete collapse, however, to the pressing insistence of Brenda’s biological maleness— her awakening sexual attraction to girls; her inchoate but adamant aversion to possessing breasts and a vagina. For how many children, at the exquisitely awkward age of fourteen, will insist, upon threat of suicide, that they undergo full sex change, in plain view of neighbors, family, and friends? This almost incomprehensible act of courage on Brenda’s part speaks more convincingly than any other piece of evidence to the emphatic demands of our biology, and to the necessity that we— all of us— be allowed to live as we feel we must.

Clearly the entreaty to “be allowed to live as we feel we must” applies to many others. Although we’ve seen evidence that some intersex people, and some fraction of people in general, may be quite gender-flexible, this certainly isn’t universally the case, and we’ve also seen that their assignment to a binary gender has often been quite arbitrary— skewing heavily to “boy” from the 1950s until the 1990s, then skewing heavily to “girl” in more recent years.

Consider the implications: out of the 1.75% or so of acknowledged intersex births, nearly 85% would have been assigned male in the old days, and are being assigned female today. We’re talking about a *lot* of people— in the U.S. alone, nearly 5 million. That’s larger than the combined population of Chicago and Houston (or the six least populous states, take your pick). It seems a safe bet that a significant fraction of these arbitrary assignments have been flat out wrong, just as David Reimer’s reassignment in infancy was wrong. Many people arbitrarily assigned a gender will opt for a medical transition later in life, just as he did. Would that make *them* both intersex and trans?

We can explore the overlap between the trans and intersex communities using the survey data, but since one or both are very small minorities at certain ages, we need to bucket by age coarsely, and even so our error bars will be large. Still, the pattern revealed is interesting and statistically significant. (Recall that the shaded regions show 90% confidence intervals.)

Between 5% and 15% or so of intersex people are trans, with that percentage rising steadily by age. For reasons that will soon become clear, people in this overlap often struggle for acceptance in either community, as with this 63 year old woman with XXXY chromosomes assigned male at birth: “even within intersex communities there is great opposition to including transgender people like me.” Not all people who are intersex know they are, so we can guess that the “real” overlap is higher, but this upward trend reflects an increasing number of intersex people who, at some age, decide that their sex assigned at birth wasn’t right, and decide to do something about it. In some cases they may only learn that they’re intersex when they seek to transition.

15% is not an insignificant number, especially when we consider what it means among older respondents, vanishingly few of whom (trans or not) are non-binary or ambiguous with respect to sex. Consider: if, when an intersex baby is born, male or female sex were assigned by flipping a coin, and 30% of the 50% assigned the “wrong” sex feel strongly enough about this to transition— *and* are in a privileged enough position to do so— that would give us 15%. Keep in mind, too, the high stigma associated with being trans, especially among the older generation; this may explain why the number rises only slowly with age. As a 2018 article in *The Guardian* put it, “Meet the trans baby boomers”:[[6]](#footnote-28)

[T]here are more than five times as many adult as child gender identity patients in the UK. Some are now having gender reassignment surgery not just in late middle age, but well into retirement. […] It’s perhaps only now that many older people feel comfortable coming out, having grown up in a time when being trans was so steeped in shame and silence that many couldn’t even put a name to what they felt.

The really remarkable thing, though, is that among the youngest cohort of trans respondents, in their late teens and early twenties, at least 20% and perhaps as many as 50% are (and know they are) intersex. At age 30 and above, that figure is only about 5%.

It’s likely that more than one thing is going on here. First, we know that only a small fraction of intersex people *know* they are at these young ages. But which fraction? This group is likely to include those born with especially ambiguous external genitals, that is, from whom their intersexuality (and thus the arbitrariness of their sex assignment at birth) really can’t be hidden. Second, both sex and gender amiguity are more readily embraced by young people, a phenomenon we’ll explore more deeply later in this chapter.

Being trans means something very different to a 20 year old and a 60 year old. The great majority of trans 60 year olds think of themselves as either men who were assigned female at birth, or women who were assigned male at birth. On the other hand, a large and increasing proportion of trans 20 year olds think of themselves as people who don’t identify with their sex assigned at birth— a broader category, since it includes the growing number of those with non-binary or fluid gender identities, or who simply reject gender altogether.

We can see powerful evidence of this in the overlap between trans and non-binary identities. Beyond age 60, this overlap is nil; the survey turned up no older trans non-binary people, or non-binary trans people. For 19 year olds, though, 80% of non-binary people consider themselves trans, because— by the modern definition most young people use— being non-binary makes one *automatically* trans, by virtue of not identifying with sex assigned at birth (which, at least today, is always binary). Non-binary people make up just under half of the younger trans population.

The overlap between users of “they” and the trans population follows a very similar pattern. Vanishingly few older trans people use “they,” while about 30% of 19 year old trans people do; conversely, only about a third of older “they” users are trans, while almost two thirds of 19 year old ones are.

As one would expect, the overlap between “they” users and non-binary people is very high at the younger end, but curiously, by age 65 this overlap drops to zero. When older people use “they” or identify with non-binariness, they seem to be less consciously part of a coherent social movement in which these traits go together.

Before delving into the breakdown of binary sex and gender identification among the young, let’s compare the numbers of trans people assigned female at birth versus male at birth.

A similar pattern shows up if we ignore the answer to the question “Are you trans?,” and just consider those whose answers to the questions “Are you female?” and “Are you male?” are unambiguously opposite their birth sex assignment. The numbers are only about half as large the trans population, because this excludes the (younger) cohort of non-binary people and those who answer “yes” or “no” to both male and female— but the trends are identical.

What we’re seeing in these curves is both remarkable and familiar. Among older people who don’t identify with their birth sex assignment (whether they identify as trans or not), male assignment at birth overwhelmingly predominates, while among younger people female assignment at birth much likelier. This pattern should look familiar: it’s the same one we saw earlier for intersexuality.

When we compare the birth sex assignment ratios for trans and intersex people directly, we see that they look pretty much identical above age 35: by age 65, assignment is around 80% male at birth, while at age 35, sex assignment at birth is closer to 60% female. At the youngest ages, though, the curves diverge. Virtually *all* intersex people are assigned female at birth, for the reasons we discussed in the previous chapter. Young trans people also tend to be assigned female at birth, but only by a 3:2 majority.

The pattern among the older population may also seem familiar from experience— at least for those of us old enough to remember how things were in the last millennium. When I was a kid, in the 1980s and 1990s, words like “cross-dresser,” “transvestite,” and “transsexual” (which have fallen out of favor for many today, along with some more offensive related terms) were strongly associated with people assigned male at birth, who to one degree or another embraced femininity in their clothes, presentation, and identity. We could call this the “Priscilla effect,” after the 1994 surprise hit *The Adventures of Priscilla, Queen of the Desert*. (Watch it if you haven’t. It’s a delightful road trip following three larger-than-life drag queens on a journey through the Australian outback. The eldest, Bernadette, is transsexual.) As Krafft-Ebing’s case history of “Count Sandor V” in the 1880s illustrates (see Chapter 6), there have always been examples of people assigned female at birth who undertook the opposite journey in gender space. There must also be untold numbers of “Count Sandors” throughout history who, escaping the circumstances of their birth, successfully “passed” as men. Even so, the survey data confirm the intuition that among the older generation alive today, the “Bernadettes” far outnumber the “Sandors.”

Less freedom for those assigned female at birth to make choices about gender identity later in life may have been one factor, just as we’ve seen same-sex attraction among women suppressed by social and economic disadvantage. It’s hard, though, to see the intersex curve overlaid on the trans curve and not suspect a connection. Especially for those who are middle-aged and older, I believe we’re seeing evidence of the downstream effect of changing intersex medical protocols. Indeed, it would be surprising *not* to see such an effect, given that in the old days, such an overwhelming majority of intersex births were assigned male at birth— remember, we’re talking about millions of people— and the overwhelming majority are now assigned female at birth. Since John Money’s theory that gender can be freely molded by social pressure in the first couple of years of life has been disproven by cases like David Reimer’s, we’d expect this change to result in major shifts in the trans population, just as we see. Hence, among young people today, we suddenly find that the “Count Sandors” are handily outnumbering the “Bernadettes,” though perhaps, in due course, the rising tide of non-binary trans people will outnumber both.

To my knowledge, this relationship hasn’t been documented elsewhere. It may be uncomfortable to consider for both the intersex and trans communities, because historically, an immense gulf has separated them.

As we’ve noted, intersexuality over the past century has generally been considered a *medical* condition, like diabetes or giantism. There remain many intersex people who strongly oppose the excluded middle-embracing approach taken by Rosie’s parents; they see medical intervention at birth as having allowed them to “grow up normal,” and are grateful for this in much the way many children born with a cleft lip or palate are thankful for early reconstructive surgery. The modern medical term for intersexuality is Disorders of Sex Development (DSD), which some people find preferable to the term “intersex” or the older (and even more contested) “hermaphrodite.” It feels different to *have* a disorder of sex development than to *be* intersex. Medicine exists to manage or cure disorders. Conversely, an identity is *not* a disorder.[[7]](#footnote-30)

For intersex people who live as men or women but need access to medical care specific to their intersexuality, framing it as a medical condition that isn’t anybody else’s business makes perfect sense. The word “need” matters here, in that while treatment can occasionally be medically necessary (for example, Rosie has a so-called “salt-wasting” variety of CAH that makes her survival dependent on daily medication), in most cases the point of the medical care is to bring an intersex person’s presentation in line with the gender binary. So, there’s a self-fulfilling logic here: in cases where a person’s “untreated” intersexuality would be socially obvious, managing it as a treatable disorder is precisely what makes it possible for it to be “just” a medical condition— hence *not* socially obvious.

For many trans people, however, the medical framing is offensive. And with good reason. It carries stigma, implying that something is wrong with them— and “wrong” in the head, not “wrong” in the body. Remember that in the 1950s the DSM classified “transvestism” as a perversion, along with homosexuality, “pedophilia, fetishism, and sexual sadism (including rape, sexual assault, mutilation)”; and that these practices were all criminalized too. Some of those attitudes, and even some of the old “blue laws” criminalizing consensual non-heteronormative acts, are still on the books today.[^9] While the pathologizing of lesbian, gay, and bi people is no longer nearly as prevalent as it was half a century ago, it’s still a common attitude toward trans and non-binary people, as reflected in many comments on the survey:

I believe confusion about your gender is a mental disease that should be treated instead of encouraged.[[8]](#footnote-31)

If you actually believe you are anything but male or female you are in fact MENTALLY ILL.[[9]](#footnote-32)

I am normal […] [I] have female genitalia and chromosomes, no mental illnesses making me think i am not female.[[10]](#footnote-33)

Even among the young and educated, this view is widely held, as per this 22 year old woman from Hammonton, New Jersey:

I don’t believe in gender identities opposite of birth gender, outside of those who are intersexual. Not to be rude, but I’ve been through many Psychology classes and see it just as a trendy misrepresentation of a mental disorder that everyone thinks they relate to.

This attitude is unsurprising considering that, when the DSM-III-R finished the job of de-pathologizing homosexuality, it reclassified transsexuality under a new heading, “Gender Identity Disorders,” where it remained until 2013. Of course, this dovetails neatly with the fact that John Money and his adherents needed a medical diagnosis to justify their surgical and hormonal meddling with intersex babies and children too young to make medical decisions for themselves. “Fixing” newborns can’t be medically justified unless we can claim there’s something wrong with them.

For trans people today, a version of this problem also surfaces later in childhood, adolescence, or adult life. Unlike being lesbian, gay, or bi, being trans may in itself involve having medical procedures done. They’re expensive, which poses an especially steep economic barrier in countries lacking free universal access to healthcare, like the US. For insurance to cover such procedures, they need to be regarded as medically necessary, which is usually interpreted to mean that they must address a medical condition.[[11]](#footnote-34) This has led to rhetorical finessing in which “gender identity disorders” have given way to “gender dysphoria,” which is still considered an illness— putting trans people in a similar position to lesbian, gay, and bi people in the wake of the American Psychiatric Association’s 1973 memo (the one that threw shade on homosexuality, male chauvinism, and vegetarianism in the same breath; see Chapter 6). As of the last few years, being trans is no longer a disorder, according to the APA— though not everyone seems to have gotten this newest memo. And getting trans care *still* requires a diagnosis. It can be a bit head-spinning to think about getting diagnosed with something that isn’t a disorder, yet requires treatment.

“Official” changes don’t suddenly flip definitions in everyone’s minds, either, and there’s much disagreement on this even within the trans community; for this 39 year old man from College Station, Texas, for example, being trans remains strictly a medical diagnosis:

Transgender is a medical condition I have, not a freaking identity or a gender in itself. Unlike these little self-diagnosed “genderfluid” snowflakes— aka poseurs— I actually transitioned years ago, complete with medical care and hormones and a name change and not picking a new gender or pronoun every four seconds. I am quite goth/androgynous looking and always have been. I am most definitely male. You don’t “identify” as trans any more than you “identify” as having diabetes. You get diagnosed with it, ffs.

It seems likely to me that in the coming years we’ll see *this* binary— disorder versus identity— dissolve for many, partly as a result of medical techniques becoming more sophisticated and widely applicable. As that happens, we can shift away from thinking of healthcare purely in terms of treating disease. We’ve already seen some reframing in terms of prevention and wellness, but what about proactive agency over our bodies? In years to come, medical choice will surely extend far beyond today’s superficial “cosmetic” surgeries. Hormone treatments are of course already far more than cosmetic, as they hack the body’s own mechanisms for modifying form, function, and even behavior. These are still very imperfect technologies, though. Cross-gender hormones typically result in sterility, and can cause health problems.[^14] They also require continuing lifelong medication.

What many people in both the trans and intersex communities tend to agree on is that neither intersex nor trans are “lifestyles,” but manifestations of something deeper in one’s makeup. In this respect, they also agree with a lot of more conservative people whose markers of sex and gender all (or mosty) line up in the usual way; it’s just that those more conservative people tend to think of the unchangeable “real” thing in terms of sex chromosomes or genitals, whereas many trans and intersex people have a lived experience of the unchangeable “real” thing being their deeply rooted sense of who they are. As David Reimer could attest, that can’t just be ignored or wished away— but it is an internal, subjective experience, which makes it easy for others to question.

To complicate the picture even further, this internal experience isn’t necessarily constant throughout life, or itself binary.[[12]](#footnote-35) A number of survey respondents expressed a nuanced range of sentiments:

I do not consider myself trans, but I have have been dealing with mild gender dysphoria.[[13]](#footnote-37)

previously diagnosed with gender identity disorder, I identify as a tomboy.[[14]](#footnote-38)

I am fine with being a woman. Wish I had been a man. Hated child birth and periods. Hate waxing and shaving and makeup.[[15]](#footnote-39)

wish i had been male.[[16]](#footnote-40)

A wish that things were different isn’t necessarily a disorder, but— it might be? This is the slipperiness the 1973 APA memo so clumsily struggled with.

The perennial (and unanswerable) “nature versus nurture” question has been given new life by the sharp rise in diagnoses of gender dysphoria in recent years, especially among young people assigned female at birth. This isn’t just an American phenomenon. In March 2020, *The Guardian* reported that “Sweden’s Board of Health and Welfare […] confirmed a 1,500% rise between 2008 and 2018 in gender dysphoria diagnoses among 13- to 17-year-olds born as girls.”[[17]](#footnote-41) Similar accounts have been reported in New Zealand[[18]](#footnote-43) and Pakistan.[[19]](#footnote-45) An increasing number of young people are on puberty-blocking hormones, and some have undergone surgeries, occasionally as young as 14. Advocates both within and outside the trans community argue about the appropriate age of consent for these procedures. In some respects, it mirrors the controversy about intersex surgery on infants, but whereas in that case a focus on preserving the child’s agency argues against early intervention, the situation here is far less clear-cut.

The data offer some insights that push back on ideological arguments made on both sides. First, as we’ve seen, the shift toward defaulting to female for nearly all intersex babies likely accounts for a significant part of the rise in young people assigned female at birth seeking to transition. The overlap between young trans and intersex people offers an important clue, and the numbers suggest that there are many more young trans men who are intersex but unaware of it. This isn’t a small effect. However, it’s unlikely that latent intersexuality (even defined very broadly) accounts for the nearly 6% of young trans people assigned female at birth— nearly half of whom also identify as non-binary. We need to look at social factors too.

Advocates for early access to medical treatment often argue that gender identity is intrinsic and immutable, because if it were otherwise, it would be harder to justify prescribing life-altering surgery or hormones to children. Such advocacy has led some to deny or minimize accounts of “desisting” or “detransitioning,” in which young people change their minds about being trans, or seek to transition back after treatment with hormones or surgery. But lots of kids undergoing puberty are uncomfortable in their changing bodies, and many nowadays are identifying as trans, at least for a time. Desisting appears to be common,[^23] and detransitioning happens too, though unbiased statistics about how commonly the latter occurs are hard to come by.[^24]

Given the evidence we’ve seen of social contagion pretty much everywhere we look, it would be surprising if we *didn’t* encounter such effects. Despite its name, “social contagion” isn’t a disease or sign of feebleness. Human beings continually influence each other’s beliefs, behaviors, and identities through their social networks. That’s how culture works; it is, in the words of Joseph Henrich, “the secret of our success” as a species.[[20]](#footnote-47) Neither is being socially influenced something that only happens to impressionable young people. There’s plenty of evidence in every plot comparing 2018-19 with 2020-21 responses that older people are susceptible to social contagion too.[[21]](#footnote-48) If they weren’t, human progress could only happen “funeral by funeral,” as an economist put it in 1975: “the old are never converted by the new doctrines, they simply are replaced by a new generation.”[[22]](#footnote-49) As we’ve seen, things don’t work this way; humans break the generational speed limit all the time.

It also seems clear from the data that different people have different degrees of flexibility with respect to their gender identity. Some older survey respondents reflect on how their identities might have differed if they were growing up in today’s environment:[[23]](#footnote-51)

I sometimes think I would have been happier if I was male. I never thought about this much when I was younger, as transexualism wasn’t spoken of much or widely known at the time. I would never want to transition now but I think if I was growing up in today’s world I might feel differently. I have always gravitated toward more classically ‘masculine’ hobbies and tastes. Then again, today there is somewhat less gender stereotyping and being a ‘tomboy’ is more normal. Even though I’m in my late 40s, I remain a bit confused about gender. I think this is mainly due to social conditioning. I do identify as a woman and very strongly as a lesbian.

This is reminiscent of both handedness and sexual orientation. With orientation, we saw, at all ages, a remarkably consistent minority of exclusively same-sex attracted people, but we also saw a rapidly growing cohort of younger people who are flexible in their attraction, yet increasingly identify with the formerly narrower terms “gay” and, especially, “lesbian.” Similarly, with gender identity, we see a rapidly growing cohort of gender-nonconforming young people who have embraced the formerly narrower term “trans,” whether they transition all the way to the other end of the binary or not. Many of these young people may never medically transition.

At risk of oversimplifying (for this, too, is not a binary), we could imagine a “hard core” within the trans community consisting of women born in male bodies, or (much more commonly nowadays) men born in female bodies— a situation far more prevalent than Ira Pauly’s 0.001% estimate in 1968, but likely well below the nearly 6% figure we see among young people assigned female at birth today. Unless powerful environmental factors are responsible (like the estrogen-mimicking pollutants described in *Count Down*), this “hard core” has likely remained fairly constant over time, though the tide has shifted from trans women to trans men. This population isn’t limited to— but does include— people with more traditional views about the gender binary and gender roles:

As an older transsexual who had transitioned before the fad, I feel a lot of this stuff these days is invented and find it offensive and unhelpful.[[24]](#footnote-52)

On the other hand, a sizable and growing number of young people could be described as “gender abolitionists” who reject not only their own binary gender assigned at birth, but the binaries of gender and sexuality altogether:

Enby [non-binary], but don’t self-id as trans. My entire friend group of 13 or so is all trans or enby. Pansexual is the closest descriptor to my sexuality that was provided, non-gender-differentiated demisexual would probably be more accurate. Also the gender binary is fake.[[25]](#footnote-53)

Although this is a broad movement, it, too, is especially embraced by young people assigned female at birth. This is unsurprising given the more privileged status of men, and the way campaigns like #MeToo have drawn attention to the stubborn persistence of this inequality despite centuries of feminist activism.

1. An 18 year old man from Fort Lee, New Jersey. [↑](#footnote-ref-21)
2. A 63 year old man from Phoenix, Arizona. [↑](#footnote-ref-22)
3. [[REF]] <https://en.wikipedia.org/w/index.php?title=Transgender&oldid=958722332> [↑](#footnote-ref-23)
4. [[REF]] <https://en.wikipedia.org/w/index.php?title=Transgender&oldid=958722332> and [Study](https://www.ncbi.nlm.nih.gov/pubmed/28075632). [↑](#footnote-ref-25)
5. John Colapinto, *As Nature Made Him*. [↑](#footnote-ref-27)
6. [‘Age has nothing to do with it’: how it feels to transition later in life | Transgender | The Guardian](https://www.theguardian.com/society/2018/nov/17/age-nothing-do-with-it-transition-later-life-transgender) [↑](#footnote-ref-28)
7. See *Intersex: Stories and Statistics from Australia*, p. 95. [↑](#footnote-ref-30)
8. A 35 year old man from Yuma, Arizona. [↑](#footnote-ref-31)
9. A 33 year old man from Las Vegas, Nevada. [↑](#footnote-ref-32)
10. A 47 year old woman from Nesquehoning, Pennsylvania. [↑](#footnote-ref-33)
11. The same argument is taking place in countries that *do* have socialized medicine, where distinctions are still generally made between medically necessary and elective procedures. [↑](#footnote-ref-34)
12. [Frontiers | A Follow-Up Study of Boys With Gender Identity Disorder | Psychiatry](https://www.frontiersin.org/articles/10.3389/fpsyt.2021.632784/full), 2021. [↑](#footnote-ref-35)
13. A 28 year old man from San Jose, California. [↑](#footnote-ref-37)
14. A 32 year old woman from Granbury, Texas. [↑](#footnote-ref-38)
15. A 43 year old woman from Orange, Texas. [↑](#footnote-ref-39)
16. A 59 year old woman from Pensacola, Florida. [↑](#footnote-ref-40)
17. [The Guardian](https://www.theguardian.com/society/2020/feb/22/ssweden-teenage-transgender-row-dysphoria-diagnoses-soar) (March 2020). [↑](#footnote-ref-41)
18. [Increasing rates of people identifying as transgender presenting to Endocrine Services in the Wellington region](https://journal.nzma.org.nz/journal-articles/increasing-rates-of-people-identifying-as-transgender-presenting-to-endocrine-services-in-the-wellington-region). [↑](#footnote-ref-43)
19. [Between a Rock and a Hard Place – Gender Dysphoria and Comorbid Depression in a Young, Low-Income, Pakistani Transgender Man](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7532871/), 2020. [↑](#footnote-ref-45)
20. Which isn’t to say that culturally transmitted ideas are always good ones; this book is full of ideas strongly held by experts over the past two centuries that most of us abhor today. [↑](#footnote-ref-47)
21. WEIRD societies place a strong value on personal consistency, which is perhaps why we consider it so embarrassing for our identities and beliefs to be influenced by others as adults. We’d prefer, perhaps, to somehow always be the influencers, and for the ideas we spread to have sprung into our minds out of nowhere. [↑](#footnote-ref-48)
22. [[REF]] <https://quoteinvestigator.com/2017/09/25/progress/#:~:text=As%20the%20great%20Max%20Planck,replaced%20by%20a%20new%20generation>. [↑](#footnote-ref-49)
23. A 47 year old woman from Bridgeport, Connecticut. [↑](#footnote-ref-51)
24. A 49 year old man from Traverse City, Michigan. [↑](#footnote-ref-52)
25. A 24 year old from Portland, Oregon. [↑](#footnote-ref-53)