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Chapter 4

Gender Identity Disorders in Adult Women

This chapter, which parallels Chapter 3, acquaints the reader with the types of adult women most likely to seek treatment for gender identity disorders. As in the preceding chapter, the emphasis here is on clinical description rather than theoretical interpretation.

The terms *gender dysphoria* and *transsexualism* were defined in Chapter 3. It should be noted that whereas DSM-III-R diagnostic criteria for gender identity disorder of childhood differ slightly for boys and girls, its criteria for transsexualism and gender identity disorder of adolescence or adulthood, nontranssexual type (GIDAANT), are identical for adult men and women.

Homosexual Gender Dysphoria

Definition

Homosexual gender-dysphoric females are those who, from the time of earliest sexual awareness in childhood or puberty, feel attracted only to women.

Description

Virtually all female gender dysphorics are of the homosexual type. The exceptions to this are so rare that it was assumed until quite recently that none existed. Such exceptional cases will be considered in the second part of this chapter.

Homosexual female gender dysphorics are probably as common as homosexual male gender dysphorics; in a large consecutive series of new patients studied at our clinic, the homosexual females actually outnumbered the homosexual males (Blanchard et al. 1987). It is true that gender-dysphoric men are more numerous than gender-dysphoric women in comparisons of these groups without regard to sexual preference; the reason for this, however, is that the men include a large contingent of nonhomosexual (heterosexual, bisexual, and analloerotic) cases, which has no counterpart among the women.

The signs and symptoms of gender dysphoria in homosexual females are the close counterparts of those observed in homosexual males. The natural history of the disorder is also quite similar in male and female homosexuals.

These females, in childhood, resemble girls with the DSM-III-R gender identity disorder of childhood, which has already been discussed in Chapter 1. Although gender-dysphoric girls, in childhood, have often been described as tomboys, this label may obscure an important difference between these girls and many others who grow up quite differently. These are not merely girls who are highly flexible in their gender role behavior or who enjoy activities stereotyped as masculine as well as those considered feminine. They are, rather, girls who prefer masculine activities to the virtual exclusion of feminine ones, and who systematically and automatically reject any sex role behavior that would identify them to the world as female.

Homosexual female gender dysphorics, from early childhood, feel as if they belonged to the male sex and wish they had been born into it. They feel disgusted by their genitals and wish they had male organs, and they are often embarrassed by undressing in front of other girls.

They are indifferent, if not positively averse, to doll-play. They hate wearing dresses, and they resist their mothers' attempts to turn them out as pretty little girls. They inevitably prefer blue jeans or other types of trousers, and they dress exclusively in these whenever they have a choice in the matter.

They gravitate toward male peers, by whom they are often accepted as playmates. They like playing with boys' toys such as toy dump trucks, bulldozers, and so on, and they enjoy helping their fathers with automotive repairs or tagging along for similar activities. They are generally fond of athletics and, before puberty, are usually able to hold their own in sports competition with male playmates.

Puberty usually brings great emotional turmoil to homosexual female gender dysphorics. They hate their menses, which privately remind them that their bodies are female, and their developing breasts, which proclaim the same fact to the outside world. The awakening of sexual interest in other females brings a new poignancy to their longing for male genitals; the beginnings of dating and going steady among their adolescent peers contrast their frustrated dreams of love with the common reality of others. As if this were not enough, the expectations of family and friends that they too will soon begin dating and taking an interest in boys threaten to expose their secret feelings, because of their inability to take part in these normal activities with anything approaching naturalness. In one regard, however, they are luckier than homosexual male gender dysphorics: they are not derided and ostracized to the same extent by their adolescent peers. For this reason, perhaps, they are more likely to finish high school than their male counterparts (Blanchard et al. 1987).

In adulthood, homosexual gender-dysphoric women fall along a continuum of severity comparable to that observed among homosexual men. Some with milder cases might feel masculine without expressing this in any frank way; others engage in unmistakable but incomplete cross-gender behavior. The latter include those women known in slang as "bull dykes"—highly masculinized lesbians who, in their swaggering manner, propensity for brawling, and exaggerated toughness, often seem to be parodying lower-class men. The most strongly gender-dysphoric individuals—the homosexual transsexuals—eventually attempt to establish themselves in society as men, if this is at all practical, and begin to explore the available routes to surgical sex reassignment.

In the previously mentioned consecutive series of new patients referred to our clinic, the homosexual females presented for assessment at an average age of 25.3 years; that is, for all statistical or practical purposes, the same age that the homosexual males first presented (25.9 years). The homosexual groups were much younger at initial presentation than our combined group of nonhomosexual males, who presented for assessment at an average age of 34.0 years (Blanchard et al. 1987).

Fully transsexual women, with whom I am concerned in the remainder of this discussion, present for initial assessment in different stages of establishing themselves in society as men. Some have long moved into the male gender role; others are at the point of doing so but vaguely believe that they need some sort of official sanction before proceeding. The mechanics of establishing a new identity as the opposite sex are discussed

in Chapter 7, and procedures for masculinizing the body are described in Chapter 8. For the present, however, it is interesting to note that the surgical procedure of greatest urgency to these patients is mastectomy, possibly because of the relative conspicuousness of breasts and possibly because the menses, in most cases, are completely suppressed by testosterone treatment alone.

Homosexual transsexual women, more often than not, have some history of love relationships with female partners. It is not unknown for a transsexual to deceive her girlfriend for quite some time into believing that she is actually a male. In the overwhelming majority of cases, however, the partner is well aware of the transsexual's biological sex.

The type of partner desired by these transsexual women is a feminine woman with no history of homosexual relations. It is important to the transsexual that her partner concur with her self-evaluation that she is "really" a male, and the partner, in fact, typically reports that she perceives her mate as a man without a penis. There is, at present, no reason to doubt that such reports are accurate, at least in some cases. It frequently occurs that the transsexual ends up with a woman who has children by a previous marriage or common-law relationship. How intentionally this occurs one can only guess; it results, at any rate, in a ready-made family for the transsexual. This type of transsexual does seem relatively interested in parenthood, and it is not rare for a transsexual woman and her partner to present with a request for artificial insemination of the partner.

The sexual behavior of these transsexual females, like that of their homosexual male counterparts, is greatly affected by their gender dysphoria. The transsexual does not like to be touched on the breasts or vulva, and she may even avoid complete undressing. She stimulates her partner by manual manipulation of the vulva or by cunnilingus; in some couples the transsexual penetrates the partner with a dildo. The transsexual herself may reach orgasm by some form of frottage.

The majority of homosexual female transsexuals have had some sexual experience by the time they present for assessment, and, in most of these cases, the sexual experience has been entirely with women. There are the following exceptions, however, that might invite a misdiagnosis of analloeroticism or bisexuality.

Female transsexuals who have had no sexual experience at all with women (or men) are occasionally encountered. Clinical interview usually establishes that this is because they are embarrassed by their breasts or

the lack of a penis. They are not self-absorbed cross-dressers, and they do not lack sexual or romantic interest in females.

Female transsexuals who have experienced heterosexual intercourse or have been involved in heterosexual relationships are also encountered. Blanchard et al. (1987), for example, found that 12.7% of their gender-dysphoric women had been legally married to a husband and that 9.9% had given birth to children. In most such cases, marriage or pregnancy is the result of social pressure or the individual's attempt to cure herself of her gender disorder; in rare cases, childbirth is the result of rape (Lothstein 1985). These women describe consensual intercourse with men as unfulfilling if not downright aversive—such individuals sometimes report that they had to fortify themselves for the experience with alcohol. Sexual fantasies are reported to be of females, and sexual fulfillment is found only with women.

Cases of the foregoing types are not the analog of analloerotic or bisexual transsexualism in biological males. These females are clearly homosexual transsexuals, whose departure from the more typical pattern is the result of social factors or uncontrollable circumstances. Such women are to be discriminated from the women described later in this chapter, who indicate an unequivocal preference for male sexual partners.

Before proceeding to the clinical vignette of a homosexual female gender dysphoric, it is important to consider the prognostic significance of tomboyish behavior in a more general context. Virtually all homosexual female gender dysphorics recall a masculine pattern of childhood behavior. It cannot be conversely assumed, however, that all boyish girls will end up in adulthood as homosexual gender dysphorics. Some adult lesbians who have no dissatisfaction with their anatomical sex also report that they favored masculine pursuits in childhood and wished that they were boys. Therefore, cross-gender behavior in girls (or at least our present means of assessing it) does not permit a differential prognosis of ordinary homosexuality versus adult gender dysphoria. Up to this point, the situation in females is comparable to that in males. There are other considerations, however, that render predictions about the adult behavior of individual tomboys even more uncertain than predictions about the adult behavior of individual sissies:

1. It is common for heterosexual women also to report tomboyish behavior; this contrasts with heterosexual men, who rarely recall sissyish behavior (Blanchard and Freund 1983). The retrospective

- self-reports of heterosexual, lesbian, and gender-dysphoric women, therefore, are overall somewhat less distinct than the corresponding self-reports of adult men.
2. Developmental studies of children have confirmed the suggestion of retrospective studies that normal girls are more variable in their gender role preferences than normal boys (Brown 1957; DeLucia 1963; Rabban 1950). The retrospective and developmental studies together lead to the inference that gender role behavior in girls is a less reliable predictor of adult sexual orientation than gender role behavior in boys.
 3. No prospective study of masculine girls has yet been completed. Thus, there is no direct information on the probability of an individual masculine girl ending up as a heterosexual woman, an ordinary lesbian, or a homosexual gender dysphoric.

The foregoing points notwithstanding, however, it does seem clinically likely that the most highly cross-gender-identified girls have a substantially greater than average chance of ending up homosexual, if not homosexual and gender dysphoric.

Vignette

Kelly was the second of three girls born within a space of 4 years. Her father worked as a site inspector for a federal regulatory agency, and he was therefore absent from home a great deal of the time.

Kelly's mother was fond of little girls, and she did not encourage her daughters to depart from the stereotypic patterns of dress and behavior. Kelly, nonetheless, behaved like a tomboy from early childhood. At Christmas, she would request guns and trucks rather than dolls, and she loved to play with her father's tools. On different occasions, she was found by her mother standing up to urinate in the bathroom and pretending to shave with her father's razor.

Her mother always sent her to school in dresses, which Kelly loathed. She did what she could to escape the imposition of such attire. One of her strategies was to leave the house wearing a pair of pants under her dress, the legs rolled up to conceal them from her mother, and then remove the dress in some hiding place on her way to school. As she progressed through childhood, Kelly gradually developed the feeling that she was different from other children—from other girls, at any rate—but she did not really understand *how* she was different.

Sexual attraction to females began around age 10, and her menstrual periods (which, typically, she despised) began at age 12 or 13.

At this stage, Kelly had the optimistic theory that her "tomboyishness" was a phase that all girls go through, and that she would grow out of it in good time. By early adolescence, however, she had come to realize that she was, in fact, alone with these feelings.

Despite this inner isolation, Kelly had no social difficulties in high school. She had friends of both sexes, and she was active in sports.

She began buying her own clothes in boys' departments when she was 15. Her mother minimized the significance of Kelly's behavior with the rationalization that all girls were wearing men's shirts and jeans nowadays.

At the age of 16, Kelly finally formulated her problem: She hated being a girl and wished she were a boy. At around the same time, an incident occurred that suggests that similar suspicions were raising anxieties in her mother's mind. Kelly's mother saw a television show about a female-to-male transsexual who underwent sex-reassignment surgery. She recounted this story to Kelly and then said, "You wouldn't want to do that, would you?" Kelly, who well understood the answer her mother wanted, said no, all the time thinking yes, yes, YES!

When she was 17, Kelly had a close male friend, Derek, a buddy with whom she hung around and played hockey and baseball. Kelly was resolved to become "normal," and she preferred to be Derek's girlfriend rather than look for someone else. They eventually began having regular intercourse; Kelly took birth control pills for contraception.

Kelly graduated high school shortly after her 18th birthday; she and Derek were subsequently engaged to be married. After they had been engaged for almost 2 years, Kelly accepted the fact that she never felt anything during intercourse and that she could never marry Derek or anyone else, and she finally broke off the engagement.

She had her first sexual encounter with another woman when she was 22. She came away from this experience with mixed feelings, and she decided that she would never have intercourse with a woman again unless and until she had had surgical sex reassignment. Around the same time, she decided that she would have to tell her mother about her desires to become a male. To Kelly's relief, her mother reacted without extreme distress and soon became supportive.

The following year, she obtained a referral to our clinic. She presented as a pleasant individual in unisex attire, with unconsciously masculine mannerisms. Her presenting complaint was straightforward: "I want a sex change." She was diagnosed as transsexual, and she was advised that we considered it appropriate for her to undertake a trial period of cross-gender living in the male role. Kelly promptly began to carry out this recommendation in a systematic, if somewhat plodding,

manner. She continued living and working as a woman, while secretly changing her name to "Kevin" on all personal identification and making her plans for her eventual changeover.

In the meantime, she became romantically involved with a 26-year-old divorcee, Darlene. Darlene had one child, a 5-year-old boy named Jeremy. In typical transsexual fashion, Kelly stimulated Darlene to orgasm either manually or orally, with no desire for reciprocation.

After accumulating sufficient savings to carry her through the transition period and completing the document changes mentioned above, Kelly took the final steps toward establishing herself in society as Kevin. She quit her job, bought men's suits and underwear, bound her breasts (to flatten them), and began using men's washrooms. As it turned out, Kevin (now *he*) obtained a new job in the male role with very little difficulty. After all this was accomplished, Kevin and Darlene finally moved in together.

Jeremy was understandably curious about Kevin's transformation and asked him why he was turning from a girl into a boy. Kevin was not entirely sure how to answer this but reassured Jeremy that such a thing could not happen to him. Jeremy appeared to accept this without any great difficulty.

After he had worked for 1 year in the male role, the clinic approved Kevin for testosterone injections, which resulted in good masculinization. A year later, he underwent breast amputation and construction of a male chest contour. His relationship with Darlene and his work history remained quite stable throughout these procedures, and, while waiting for hysterectomy-oophorectomy, he began taking night school courses to increase his job qualifications.

Heterosexual Gender Dysphoria

Definition

Heterosexual gender dysphorics may be defined as women who, although they are sexually attracted to men, nonetheless strongly desire to become men themselves—to be rid of their breasts and other female sex characteristics and live permanently in society as men.

Description

The now voluminous literature on gender dysphoria includes only a handful of references to heterosexual females. Some cursory remarks of Hirschfeld's are possibly the earliest. Hirschfeld (1906, 1925) alluded to

the existence of heterosexual women with strong masculine traits, who say that they feel as if they were homosexual men, and who feel strongly attracted to effeminate men.

There are only four published reports of heterosexual women seeking sex-reassignment surgery (Blanchard et al. 1987; Coleman and Bockting 1988; Lothstein 1983; Randell 1959). I have recently reviewed these reports elsewhere (Blanchard 1989). Three of these women specifically wished to become gay men; the exception is Randell's patient, who appears generally dissimilar from the others. Two of the three women who wished to become gay men were also sexually attracted to gay men: The woman reported on by Blanchard et al. had a preference for effeminate gays; the woman reported on by Coleman and Bockting had no preference in this regard. Lothstein does not indicate whether the woman he reported on specifically desired gay male partners, but that preference would seem consistent with other features of her presentation. None of these women, with the possible exception of the one studied by Randell, were sexually aroused by male attire, and I do not believe that their condition corresponds to gender dysphoria in heterosexual males.

The growing recognition that gender dysphoria can occur in heterosexual females is one of the most recent developments in the field. There is presently far too little information to generalize about the developmental history, clinical management, or prognosis of these women. We do not even know whether these women constitute a distinct syndrome, or whether they are a heterogeneous group with diverse psychopathologies. There is, however, one international team currently collecting cases of heterosexual female-to-male transsexualism (Coleman et al. 1988), who could be contributing new information in the near future. I am personally familiar with only one case in which a gender-dysphoric woman of this type succeeded in obtaining surgical sex reassignment. This postoperative transsexual, the same person described by Coleman and Bockting (1988), introduced himself to me by letter as "a female-to-male who identifies as a gay man." The following information was abstracted from our ensuing correspondence; I have altered only proper names where necessary.

Autobiographical Letter

I was born and raised in [a Midwestern city]. I cannot claim to have been a "tomboy" as a child. I was one of 6 children and played mainly with my older brother and 2 younger sisters. A favorite pastime was

what my sisters and I called "playing boys," in which we took boys' names, dressed as boys, mimicked a male voice, and spent the entire day pretending we were boys. I realized early on that I enjoyed "playing boys" a lot more than my sisters did, and even did so when I was alone. No, I didn't have to be "forced" to wear dresses, but escaped into my fantasy world of "playing boys" even while dressed as a girl.

Did I ever believe or hope I'd turn into a male as I grew older? On the contrary—I hoped I would "turn into a female" and be like all the other girls. My mother promised this, telling me when I grew up, I would "blossom out."

Therefore, I was excited and happy when I began menstruating and growing breasts. This surely meant I was a normal female! But at the same time, during puberty, my first sexual fantasies were of a man hugging and caressing a boy, and thinking of men kissing each other—imagining a man and woman together was not erotic to me. I have kept a diary since 1964 (age 13) and, on reading back, I find early mention of my wish to be a boy and my interest in male homosexuals. I knew this was "wrong." At age 13 I had my first boyfriend for about 3 months—we broke up because he wanted to "pet" and I felt it was a "sin." Had another boyfriend when aged 15 for about a month, but he moved out of state, and I spent the next year "waiting for him." Even though I felt very attracted to these two boys and "loved" them, I could not relate to them sexually, and knew it was a "hang-up" for me. No, even to this day, I have never had a desire to pursue or "experiment sexually" with a female.

I have never been married or had any children. At 17 I formed a relationship with Bob, a boy 2 years older, and we spent 10 years together in an "open" relationship. He was quite effeminate (my father even "warned" me not to get too serious about Bob, as he felt Bob was homosexual—of course this only attracted me to him more!). We had intercourse when I was 18 and, while imagining I was another boy and he was penetrating me anally, I enjoyed it immensely. I always fantasized I was another boy when we were together sexually and was terrified he might find out my "perverse" thoughts. As we both feared pregnancy, we avoided intercourse our first 2 years together, but did any/everything else, until I finally went on The Pill. Bob was not a "breast" man: I usually kept an undershirt on, and he didn't object, especially as I felt no eroticism there. While I loved the sensations of receiving cunnilingus, imagining him performing this turned me off so that I couldn't enjoy it. He usually brought me to orgasm manually and I pretended he was playing with my penis.

At age 22 I had to acknowledge that my desire to "play boys" and my fantasies of homosexual men were not going away. I began dressing

full-time in men's clothes and met a male-to-female, who took me to [a] men's gay liberation meeting. I became quite active in the group, explaining to them that I felt I was a gay man. Although this was a new one on them, I was accepted, and for the first time in my life, I felt I had friends and "belonged."

What made gay men more sexually attractive than straight men? Simply the fact that they were aroused by other men. All kinds of gay men appeal(ed) to me romantically and sexually—old, young, leather and muscle types, lithe femmy queens, clean-cut men in business suits. If they loved men, I loved them!

These were the David Bowie Glitter Boy years (1973+) and Bob experimented with makeup, jewelry, feminine clothing and male lovers. I passed as a boy and we went to the gay men's bars together. In 1975 we moved to San Francisco . . . Bob introduced me to his new coworkers as his "boyfriend" but warned he would leave me if I pursued a sex-change. Though I applied to [a well-known gender identity clinic], I feared losing Bob and did not follow up my application, which they never acknowledged. I began to feel "trapped" as a female in men's clothes (didn't even want to go to the grocery store for fear someone would think I was a female). For the first time I saw a mental health counselor and so decided to "try being a female again." I bought some women's clothes and from 1976–79 I switched back and forth—some days I'd wear men's clothes all day; some days I'd wear women's clothes, come home from work, change into men's clothes and go out to cruise the gay men's bars. . . . I became active in [a] transvestite peer support group, although I was only one of two female-to-males. I was probably at my most "feminine" stage when Bob left me for another woman anyway.

Free of his influence, I again applied to [the same gender identity clinic], being honest as before about my sexual preference, but was rejected on my application alone because I did not fit their guidelines requiring sexual interest in women. I pursued doctors in private practice and began testosterone in 1979, at age 28, and had a mastectomy the following year. . . . my whole family was glad I'd finally made a decision, having seen my unhappiness all those years. I worked at the same job in San Francisco (from 1975–80) with full support of my employers throughout my transition. They asked me to continue working there after my change, but I preferred to move on, and they gave me references as a male. A month after my mastectomy, I began working full-time as a male at a job where no one knew me before.

Since beginning hormones I have never once had trouble passing as a male. For the first time I felt free to laugh and converse without

fear of having a female voice betray me. I finally DID "blossom"—from a self-conscious, bitter female to a happy and friendly young man.

In 1981 I met my second long-term male lover, Joe, and we lived together 5 years. Our friends knew us as gay male lovers. He never knew me as a woman, although I still had female genitalia. Again, during vaginal intercourse, I just fantasized being anally penetrated instead.

[In 1983, the letter's author inherited money from a relative, which allowed him to resume his pursuit of surgical sex reassignment. He applied to the same gender clinic for the third time and was again refused consideration for sex reassignment for the same reason. He therefore located a plastic surgeon in private practice who was willing to carry out a "genitoplasty"; this included cosmetic alteration of the clitoris (already enlarged by testosterone injections—see Chapter 8) to simulate a small penis, plus implantation of testicular prostheses. The first operation was performed in April 1986.]

My relationship with Joe had been deteriorating the last two years and in December 1986 I left him, although we remain "friends." About three weeks after I moved out on him, I was diagnosed with pneumocystis pneumonia and AIDS. I have had sex with only about 20 different partners in my life (all gay or bisexual men), and with the majority of those I never even removed my clothes. I fellated them, or let them penetrate me anally while laying on my stomach and lowering my pants "just far enough" so they wouldn't see my genitals.

No, I have never regretted changing my sex, even for a second, despite my AIDS diagnosis, and in some . . . way feel that my condition is proof that I really attained my goal of being a gay man—even to the finish, I am with my gay brothers.

[Postscript] I do not believe Bob was transvestite or gay. I was involved with the transvestite peer support group on my own—he never became involved and disliked my involvement in the group. He saw it as threatening because it encouraged my transgender leanings. As I said, he liked to "play" and "pretend" in the crossgender world, but didn't want me to get too serious about it. Both of my long-term lovers, Bob and Joe, described themselves as bisexual. Joe was especially interested and turned on by the "she-male" porno magazines. [These magazines contain photographs of hermaphrodite-looking individuals, including men with breast implants, dressed and made up as attractive women, but still possessing male genitals.] He did experiment with makeup and feminine clothing, but only in private during sex. The last two years that I lived with Joe, he was dating a woman on the side, and he is living with her now.

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