

The (Mis)Acquisition of Gender Identity Among Transsexuals

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ABSTRACT

Transsexualism suggests questions for sociologists who study gender. Is gender identity always a precursor to role behavior or might it result from the social reactions to deviant behavior? This article considers several theoretical explanations for the (mis)acquisition of gender identity among transsexuals: biological hypotheses, psychoanalytic theories, social learning, and role theory. The author concludes that gender role and gender identity are confounded in past research and that the issue inflexibility of identities needs to be treated more systematically.

There are at least two possible approaches to the study of transsexuals. The first is a descriptive account of the phenomenon as a curious anomaly within the human condition. The second approach involves investigating the unusual to learn more about general theoretical principles that contribute to both normative and deviant behavior. This article attempts the latter, a critical review of the literature focusing on the process of gender identity acquisition among transsexuals.

Although the study of gender identity acquisition among transsexuals might be interesting in and of itself, it is also important for sociological theory more generally. The process of learning one's gender identity, and the corresponding social role, are ubiquitous aspects of every human society. To understand how persons came to perceive themselves as men when they are biologically female, or women when they are

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biologically male, may shed light on the general processes involved in gender identity acquisition.

The research focusing on cross-gender identity acquisition can be organized into four working paradigms: biological, psychoanalytic, social psychological, and role theory. Each paradigm will be discussed, and then the methodological problems common to all the research on transsexualism shall be addressed. This article suggests that present theoretical explanations of transsexualism may be inadequate because they fail to clearly differentiate between social reaction to gender role deviation and acquisition of inappropriate gender identity.¹

The analytic difference between gender identity and gender role has been addressed by researchers working within various theoretical paradigms (Kohlberg, 1966; Money and Ehrhardt, 1972; Laws and Schwartz 1977; Davidson and Gordon, 1979). Although there is little agreement on the process by which gender identity and gender role are acquired, there is consensus on definitional distinctions between the two concepts. Kohlberg (1966) suggests that gender identity exists when a child consistently and correctly identifies his or her sex. Money and Ehrhardt (1972:300-301) explain that gender identity is "the sameness, unity and persistence of one's individuality as male or female...especially as it is experienced in self awareness...gender identity is the private experience of gender role." Davidson and Gordon (1979) suggest that gender identity is the awareness that one is a boy or a girl. Although authors phrase their definitions differently, a common thread links each definition. Identity is the private experience of gender, the awareness that one is male or female. Gender role refers to culturally specific normative expectations associated with gender. Despite these well recognized conceptual differences between identity and role, they have often been confused in research on transsexuals. The problem is exacerbated by the glossing over of gender role issues in etiological discussions of transsexualism.

The process by which transsexuals develop inappropriate gender identities is the focus of this article. Transsexuals raise central questions for the sociology of gender: Is gender identity always a precursor to role behavior? Or is gender identity more flexible than previously assumed, perhaps affected by social reactions to deviant behavior?

THEORETICAL EXPLANATIONS FOR MISACQUISITION OF GENDER IDENTITY AMONG TRANSEXUALS

Harry Benjamin (1966) in his pioneering treatise on transsexualism proposed three possible causes for the phenomenon: inborn genetic tendencies, neuro-endocrinological abnormalities, and psychological damage based on early childhood conditioning. Benjamin suggests that social learning triggers transsexualism only if there is a constitutional, biological predisposition.

Biological Hypotheses

The research attempting to identify biological predispositions toward transsexualism, as suggested by Benjamin (1966), has consistently reported null results. In a literature review, Matto (1972) reports that male transsexuals are physiologically normal in all physical criteria used to determine sex: chromosomes, gonads, external genitalia, internal reproductive capabilities, and hormone levels. Pauly (1974b) reports that all of the female transsexuals in his review of individual case studies were genotypically normal, and that 95% were free of any, even nonsexual, physical abnormalities. In medical studies of transsexuals, rather than reviews of the medical literature, Philbert (1971) reports that male transsexuals are not distinguishable from normals *vis a vis* endocrine levels, and Jones (1973) reports that female transsexuals are genetically normal females.

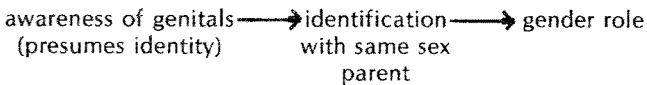
Contrary to Benjamin's hypothesis, the data do not support a biological explanation for the acquisition of inappropriate gender identity. Therefore, most of the research has focused on the psychological and social causes of the phenomenon. Reports of psychological distress during childhood have been as consistent as the lack of evidence for biological predispositions. Various theories have been suggested to explain transsexuals' gender identity acquisition. These include psychoanalytic, social learning, developmental and role theories.

Psychoanalytic Theories

In general, psychoanalytic theorists argue that an awareness of genital similarity leads to identification with same sex parent. This identification prompts imitation of "appropri-

ate" role behavior. The process of gender identity acquisition is not directly addressed because the awareness of similar genitals implicitly presupposes an already established gender identity. Graphically, this can be presented as follows:

FIGURE 1



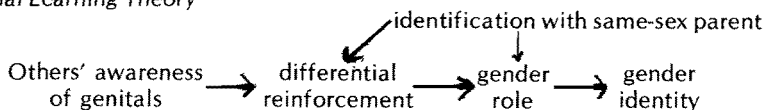
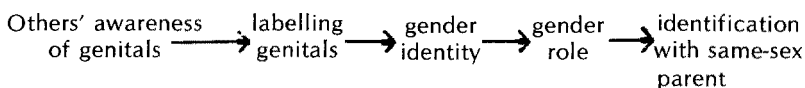
Green (1974) and Matto (1972) both discuss the application of traditional psychoanalytic thought to transsexuals. Green suggests that Freudian psychologists presume both sexes to have similar psychic bisexuality before birth, and that the ascendant psychological component depends primarily on early experiences with parents. Femininity in boys is explained by the assumption that because early caretakers are female, all children tend toward femaleness, and that without strong male figures, boys may become transsexuals (Matto, 1972). Such boys show identification with their mother, often because they have physically or emotionally absent fathers. The lack of identification, and subsequent role conformity, is implicitly blamed upon incorrect gender identity. Why and how the process occurs is not clear within this paradigm.

Psychoanalytic theories focus on the unfolding of instinctual needs during childhood, although including the importance of social factors. The assumption that gender conflict is a result of a problematic transference of identity modeling from the initial caretaker may help explain male transsexualism, but since girls' caretakers are female, this cannot explain transsexualism among women.

Psychological Theories: Social Learning and Developmental Perspectives

By far the most common perspectives in the past literature are developmental and social learning theories. Both psychological theories share the general assumption that differential reinforcement and other's awareness and labelling of genitals are causally related to gender identity and role. The models differ in time ordering of variables (see Figure 2).

FIGURE 2

Social Learning Theory*Developmental Theory*

These theories differ in significant ways, particularly concerning whether role or identity is acquired first. Yet, social learning theory and developmental theory share a basic and central assumption. These processes occur during early childhood, and identity remains relatively inflexible thereafter. This assumption of identity permanence is responsible for many researchers and clinicians uncritically accepting transsexuals' accounts of "having always known they were caught in the wrong body."

Green (1974) suggests that developmental theories are concerned with both reinforcement behavior and gender identification. A role model must be perceived as nurturant, must be in command of desired goals such as love, and must reinforce appropriate gender-typic behavior. If any aspect of this chain is weak, gender identity confusion may result.

Stoller (1969) implicitly depends on social learning theory, focusing primarily on the early family situation. Stoller identifies a family pattern that exists both in the recollection of male transsexuals and the current family situations of boys with gender identity conflicts. First, the mother displays gender identity problems of her own. She was often unusually boyish in adolescence and continues to be "masculine" as an adult. That is, she is aggressive, competitive and enjoys team sports. Stoller describes such "masculine" mothers as "bisexual," blurring the distinction between sex object preference and gender role behavior. The second characteristic of such families is the unusual amount of physical contact between mother and son in the first two years of family life. Finally, the mother has "too much" power in the family due to the psychological withdrawal or physical

absence of the father. Presumably, the mother reinforces cute, feminine, docile behavior while discouraging aggressive male behavior. Stoller does not distinguish between gender role behavior and gender identity conflict for mother or son.

Much less research has focused on female transsexuals. Pauly (1974a) suggests this lack of attention may be both due to the fewer identified cases of female transsexualism and to researchers' "gender centrality." Male researchers may have simply been more interested and concerned about gender conflict in males. The few studies addressing the psychological development of female transsexuals agree that the etiology differs from that of male transsexuals.

Stoller (1972) argues that female transsexuals are more like homosexuals than are their male counterparts. Female transsexuals are harder to diagnose because of less clear clinical boundaries. Perhaps the diagnostic boundaries are less clear because women in this society are allowed more gender-role flexibility than are men. Stoller suggests that while male transsexuals acquire their identity in a nonconflictual learning process, female transsexualism is a defense against trauma in childhood. Both Stoller and Pauly focus on early family situations finding the following patterns: (1) parents who do not think their baby girl is beautiful; (2) a depressed, fragile, psychologically-removed mother who withdraws nurturance while her daughter is very young; (3) a father who does not support his wife in her psychological suffering, instead often being alcoholic and abusive; (4) encouragement for the female child to step in and support the mother in a "husbandly" fashion, the child is reinforced because her family needs her in this function; and (5) finally, masculine behavior is encouraged and feminine behavior discouraged until the masculine qualities coalesce into a cohesive identity.

Role Theory

Role theorists lack a precise theoretical model to explain the acquisition of gender identity. Perhaps this can be attributed to the belief that "identity" is a psychological construct, and not appropriate for sociological analysis. The research which has approached the study of transsexualism from a uniquely sociological perspective (Garfinkel, 1967; Matto, 1972; Feinbloom, 1976) often relates only tangentially to the

acquisition of gender identity. Levine and colleagues (1975) are an exception to this generalization. They describe 12 men who became transsexuals through a series of role transformations, rather than the more usual pattern of "having always known." The role transformations reported were due largely to the negative responses of significant others, throughout the life cycle. As reactors reinforce the individuals sense of role failure, the individual moves through a sequence of role changes: from ambivalence toward gender role during childhood and primary school; to homosexuality in adolescence and beyond; to experimental cross-dressing, sometimes as a drag queen; and finally, to permanent cross-dressing with the ever present desire for sex-change surgery.

Common Methodological Issue

The question arises as to the possibility of differential interpretation of the data dependent upon the researchers' conceptual schema. Levine et al. (1975), mention their respondents' reports of dominant mothers, while developmental psychologists who focus on the first years of life report the trauma of school years and adolescent homosexuality. It may be that the identical recollection (biased as it may be) is created into a shared definition differently by the psychologist, the sociologist, the psychoanalyst and the patient. Intellectually, this may be acceptable—and even necessary—if the assumption that reality is socially constructed and therefore multiple realities may coexist is seriously entertained. Such a stance, however, is of little benefit to those faced with the diagnostic decision, or understanding the process of gender identity acquisition.

The research findings within the various theoretical perspectives share common methodological problems. First, nearly all past research (with the exception of Levine et al., 1975; and Feinbloom, 1976) on adult transsexuals have studied only those persons who have sought out clinicians in hopes of acquiring a sex-change operation (Benjamin, 1966, 1967, 1979; Garfinkel, 1967; Baker, 1969; Stoller, 1969; Philbert, 1971; Pauly, 1974a, 1974b; Bentler, 1976). Such samples have not been conceived as a limitation because of the assumption that all "true" (Benjamin, 1966) transsexuals desire to surgically change their sex. In fact, one characteristic used to distinguish transsexuals from transvestites is the

overwhelming desire for sex change. There are two problems with such a restricted research population. First, some persons may desire to change their sex, yet for various reasons do not appear in a psychiatrist's office. Such reasons may include class status, family obligations, religious values, availability of medical or psychiatric facilities; the assumption that those who do not voluntarily seek clinicians are not transsexuals seems problematic, even if convenient for research. This definitional problem leads to the second concern with diagnosing transsexualism as the desire for surgical change of sex. By such a definition, transsexualism could not have existed before the technological advances of modern science. Perhaps the definition of transsexualism as cross-gender identity would be less historically ethnocentric.

It is clear that however transsexualism is defined, only those who identify themselves as such shall be available for intensive study. Yet, to circularly conceptualize the phenomenon to justify the available research population as all-inclusive seems unwise, if not intellectually deceitful.

Although the samples are small, descriptions of symptoms and family histories are fairly consistent across studies (discussed below). The problem, however, remains as to the generalizability of small self-selected samples to other transsexuals who may exist more covertly in the population at large.

Reliability of the data is also a serious problem, particularly when discussing the apparent consistency of findings. Distortion may enter the analysis either through retrospective interpretation or conscious misrepresentation. Edwin Schurr (1971) defines retrospective interpretation as a facet of the labelling process whereby reactors come to view deviators "in a totally new light." For instance, relatives of transsexuals may begin to remember and/or manufacture past biographies consistent with the new information regarding their child or sibling's identity preference. The past is reinterpreted dependent on the knowledge of present deviance. The concept of retrospective interpretation might be extended to include the deviant's reinterpretation of the past also. Once the label of transsexual is incorporated into the self-concept, the individual may begin to recreate his or her past congruent with the new self. Selective memory aids the reinterpretation of childhood problems and role ambiguities as the *now* obvious manifestation of the current self-identity.

Another source of bias in the data is the possibility that adult transsexuals consciously misrepresent their present and past histories to clinicians (Blumstein, 1979). Data about transsexuals are often collected by persons who are both researchers and diagnosticians. It is conceivable that the two purposes are incompatible. The transsexual has a great deal at stake in his or her attempt to receive the sex-change surgery. It is likely that transsexuals will present themselves in whatever manner they believe will further their chances for success. Transsexuals live within their own subculture (Feinbloom, 1976; Levine et al., 1975) and presumably share information about which strategies are most successful when dealing with medical and psychological diagnosticians, the gatekeepers to medical aid. In addition, it is possible that transsexuals read the medical and popular information regarding their condition. This might lead both to conscious distortion of truth in the quest for sex change, and also to the more subtle process of self-initiated retrospective interpretation.

Ira Pauly (1974a) argues that selective recall (and by implication conscious distortion) is not an overwhelming burden for psychiatric researchers. Pauly presumes that an absolute and objective reality exists waiting only for the psychiatrist to assess it. Scheff (1968) has suggested, however, that since reality is socially constructed, multiple realities may coexist. Instead of a reality existing to be assessed, Scheff postulates that the emergent shared definition of reality is a function of the relationship between interactants. In a psychiatric interview (the setting for most data discussed in this article), patients offer their symptoms and the psychiatrist responds by accepting and/or reinforcing particular offers and rejecting others. The interrogator, as confident professional, has more power in determining the creation of a shared reality, despite the patient's experiential knowledge. Analyzing the psychiatric diagnostic process sociologically supports the contention that the reliability of the research findings on transsexuals may be problematic. Transsexuals, perhaps more than most research subjects, are eager to please their interrogators; willing to cede all power to the psychiatrist (alias researcher) to define the shared reality, hoping that such cooperation may increase their chances to be selected for sex-change surgery. This "cooperation" also leads, clearly, to biased research.

SUMMARY AND THEORETICAL CRITIQUE

*Gender Role and Identity:
Theoretical and Operational Confusion*

There seems to be a general confusion within the literature on transsexualism; the distinction between gender role and gender identity is often ignored, or treated superficially. This is most clearly illustrated by the studies of therapeutic intervention with effeminate boys. Lebovitz (1972), Zuger (1968), and Green et al. (1972) make no distinction between role and identity: they all assume that behavior is a manifestation of underlying identity. Therapy involves providing male role models, and the conscious reinforcement of aggression and competitiveness as expressions of masculinity. The following quote (Green et al., 1972:215) typifies the attitude towards the encouragement of appropriate gender identity by reinforcing stereotypically masculine behaviors. In this case history, the mother's behavior has been judged as promoting her son's cross gender-identity:

The boy was in front of his home, dancing about a water hose in a style reminiscent of a water sprite, all the while shrieking in a girlish manner. A neighbor riding past on his bicycle. . . . called him "sissy." The patient turned the hose on the boy, knocking him from his bicycle, perhaps the most "phallic" gesture to that time. The mother. . . emerged from the house and chastized her son for knocking the boy from his bicycle (not for the feminine behavior).

Such intertwined conceptions of gender identity and role are pervasive in nearly all the literature on male transsexuals. The presumption that to be male is to be macho, aggressive, and "rough and tumble" is integrated into much of the scientific literature uncritically. Rosen et al. (1977), however, are an exception. They argue that gender behavior disturbance and cross-gender identity are two distinct continuums, which often co-vary. They suggest that efforts to construct a single, unidimensional scale is a reflection of assumptions based on sex and gender stereotypes unrelated to reality.

Male and Female Difference

It is interesting that the distinction between gender role and identity, though rarely drawn in discussions of male transsexuals, is always drawn in discussions of female transsexuals (Green, 1969, 1974; Pauly, 1974a). Authors assume that there

are aspects of boyhood that girls are naturally jealous of; and therefore girls should be expected to occasionally display cross-gender behavior. For instance, Green (1969:27) writes:

Boys lead more adventurous and autonomous lives than girls. Girls are aware of the more privileged status of roles in the culture. That cross-gender role behavior is not synonymous with cross-gender identity is revealed by the fact that most of these tomboys abandon or modify such behavior with the emergence of adolescence and the dating age.

No similar argument is suggested by any author to explain the desire for doll-playing and nurturant activities among boys.

Benjamin (1966) and Pauly (1974a) discuss the differential rates of transsexualism by anatomical sex. Estimates of the ratio vary from 1:1 to 8:1, male to female. In Sweden, equal numbers of men and women have applied for legal change of sex. Requests for sex-change surgery average 2.4:1, male to female, at John Hopkins University Hospital. Benjamin (1966) has seen eight times as many males as females who desire sex-change operations. It may be that some of the reported differential rates are due to more publicity surrounding the male to female operation. While the ratio is hard to determine, it seems safe to conclude there is some preponderance of males who desire to change their sex.

Psychologically oriented theorists find the preponderance of anatomically male transsexuals rather surprising. Pauly (1974a:495-496) hypothesizes that since women receive fewer negative sanctions for cross-gender behavior, it might be expected more female tomboys than male sissies would grow into adult transsexuals.

In spite of a more permissive attitude toward cross-gender behavior in little girls, most of these tomboys seem to outgrow their masculine interests and preferences as adults. At least fewer of them want totally to reject their female sex and gender role.

On the other hand, effeminate boys are ridiculed by their peers and usually admonished by their parents, and despite this negative social reinforcement they too have more frequent and serious gender identity problems as adults than do their female counterparts.

Perhaps the differential social treatment of tomboys and sissies might help explain the preponderance of male trans-

sexuals. Sissy is a much more negative label than tomboy. Boys who deviate from their gender role are reacted to swiftly and negatively by significant others. Girls who deviate from their gender role prescriptions are not nearly as severely punished, and may even be encouraged. Erich Goode (1978) suggests that unanticipated deviant consequences are possible outcomes of interactional settings where one actor is reacted to negatively by others. The deviator begins to think of him or herself negatively. Once the label of sissy is applied, the little boy no longer thinks of himself as a person who likes doll-play, but as the kind of boy who is a sissy, the kind of boy who is like a girl. Perhaps through such a process, boys who deviate from gender behavior prescriptions begin to redefine the self as a deviator. The stereotype which aligns doll-playing with feminine identity is incorporated into their conceptions of self.

I am suggesting that the primary deviance of cross-gender behavior may lead to a label, which when incorporated into the self-concept prompts the secondary, far more serious, deviance of a cross-gender identity. Perhaps the greater gender-role flexibility for girls allows them to escape this process of labeling and secondary deviance.

Past research has assumed that gender-role deviance is merely a manifestation of cross-gender identity. It is possible that the causality may flow in the opposite direction: the societal reaction to gender role deviance may lead to a stereotype which involves self-labeling as a transsexual.

There is no obvious justification for the assumption that these processes, whatever direction the causality, function only during childhood. Social reactions to nonconformity continue throughout the life cycle. Future research ought to investigate how individuals decide they are transsexuals. Studies need to focus on when individuals (mis)acquire their identities, as well as etiology.

The answers to such questions may shed light on the general process by which "normals" acquire their gender identities. Are identities inflexible after they coalesce in early childhood? If transsexuals do (mis)acquire their identities at various stages of their development, then the data would suggest otherwise. Studies of transsexuals address the issue of the malleability of individuals' self-concepts, including gender identities. Are identities fixed in childhood, or do individuals renegotiate their self-concepts throughout life?

NOTES

¹Recently, two works which address parallel concerns have been brought to my attention: Janice G. Raymond (1979) discusses transsexualism as a feminist ethicist in her book *The Transsexual Empire*. Suzanne J. Kessler and Wendy McKenna (1978) interviewed transsexuals in an ethnomethodological framework for their book entitled *Gender*. Both works address the questions raised in this article.

²The models used in the article were first suggested to me by Charles Hill in a graduate student seminar. Similar models are also used by Kessler and McKenna (1978).

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