

## Social Desirability Response Set and Systematic Distortion in the Self-Report of Adult Male Gender Patients

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*This study showed that the "socially desirable" presentation for a heterosexual male gender dysphoric is one that emphasizes traits and behaviors characteristic of "classic" transsexualism. Fifty-one homosexual and 64 heterosexual adult male gender patients were administered the Crowne-Marlowe (1964) Social Desirability Scale as well as eight questionnaire measures that tapped various features of the clinical history commonly given great weight in differential diagnosis. The tendency for a heterosexual subject to describe himself in terms of moral excellence or admirable personal qualities was significantly correlated with scores in the "transsexual" direction on all eight sexological measures; for the homosexual subjects, only one correlation was significant. It is argued that the patients most motivated to create a favorable impression on the examiner are likely to be those most anxious to obtain approval for sex reassignment surgery. Because, in this population, the socially desirable presentation is "feminine," it is possible that the differences in the histories produced by transvestites and heterosexual transsexuals are exaggerated to an unknown degree by the motivation of the latter to obtain approval for this operation. The findings do not diminish the important distinction between these groups, but they do suggest caution in interpreting the self-report data that have been used in comparing them.*

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**KEY WORDS:** gender identity; social desirability; transsexualism; transvestism.

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## INTRODUCTION

The third edition of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 1980) distinguishes two syndromes of gender identity disturbance in adult heterosexual males. According to this source, the essential feature of *transvestism* is recurrent and persistent cross-dressing by a heterosexual male that, at least initially, is for the purpose of sexual excitement. Transvestites do not desire removal of their male genitals. *Heterosexual transsexualism* denotes the condition of those men who, though they are sexually attracted to women, nonetheless strongly desire to become women themselves—to be rid of their genitals and live permanently in society as females. The *Manual* remarks that some proportion of transvestites gradually develop the desire to dress and live permanently as women and recommends that, in such cases, the diagnosis should be changed to (heterosexual) transsexualism.

There is obviously some important difference between heterosexual transsexuals and transvestites that determines why the former ardently desire surgical sex reassignment and the latter do not. Can one find clues to the nature of this difference by comparing these groups with regard to self-reported erotic interests or childhood gender role preferences? Such comparisons have been carried out by Freund *et al.* (1982), who found that heterosexual transsexuals reported less erotic attraction to females, more feminine feelings and behavior in boyhood, and less fetishism than a combined group of transvestites and heterosexual “borderline transsexuals” (an intermediate category employed by these authors). The potential heuristic value of differences in such self-report data depends, however, on the extent to which they are affected by the desire to create a favorable impression on the examiner. If the “socially desirable” presentation for a heterosexual male gender patient is one that emphasizes childhood femininity and erotic interest in males and downplays fetishistic arousal and erotic interest in females, then the difference in the histories produced by transvestites and heterosexual transsexuals could be exaggerated to an unknown degree by the motivation of the latter to obtain approval for surgical sex reassignment.

The existence of distortion in the self-report of male gender dysphorics has long been suggested by clinical observers, who have commented on it in quite diverse contexts. In a discussion of transvestite publications (i.e., periodicals written by transvestites for transvestites), Benjamin (1966) remarked on the tendency of many transvestites to minimize the connection between cross-dressing and erotic arousal. Benjamin believed that the denial of sexual motives for transvestites, reflected in the editorial stance of such publications, was meant to make transvestism more respectable and therefore more acceptable to the public. He also wrote, however, that this “de-

sexing attempt is merely one example of the frequent lack of realism among transvestites and their ever-present capacity for illusion and self-deception” (p. 36f). In light of his succeeding comments, the latter remark suggests that Benjamin thought the tendency to deny fetishistic arousal has psychological motives besides the desire to be more acceptable to nontransvestites.

The early observations of Worden and Marsh (1955) were made about a different segment of the gender dysphoric population, those seeking sex reassignment surgery. They reported that the similarity of the histories given by their patients was “only a product of the distortion and selection of memories” (p. 1297). Worden and Marsh advised that “this tendency for selective recall must be recognized in any attempt to evaluate the significance of their historical reports” (p. 1297).

Bancroft (1972) reported on a series of 22 heterosexual male gender patients. Thirteen of them could be described as transvestites; nine had progressed from transvestism toward transsexualism. In comparing these groups, Bancroft remarked that “transsexuals distort their past histories to fit in to their transsexual identity and are therefore more likely to report early transsexual urges to support the idea that they are basically female” (p. 62). As an example, Bancroft gives the case of one patient in this series who, when first seen, reported his transsexual feelings to be of recent origin but nine months later was reporting them as starting much earlier in his life.

In a similar vein, Freund (1985) contrasts transvestites, who almost never produce retrospective accounts of feminine gender identity or behavior in childhood, with heterosexual transsexuals, who almost always do. Freund points out that, if it is true that virtually all heterosexual transsexuals pass through a phase of simple transvestism, then it is likely that their self-report of feminine gender identity in childhood is untruthful reporting or is based on paramnesia. Freund also discusses the claims of some heterosexual gender patients that they are no longer sexually interested in females (or that they never really were, despite considerable heterosexual experience), and that they have more recently become attracted to males. Freund remarks that it is often impossible to decide whether there is some bona fide change in their erotic interests that has to do with the development of the gender disorder itself or whether these patients are trying to appear as much like “normal” women as possible in order to improve their chances of obtaining approval for sex reassignment surgery. (These possibilities are not mutually exclusive or cumulatively exhaustive.)

The bulk of our knowledge of gender disorders and practically all our information on the feelings and experiences of heterosexual male gender dysphorics still come from the self-report of adult individuals. Self-report data are, at present, virtually the sole basis of comparative studies of cross-gender syndromes (e.g., Buhrich and McConaghy, 1977, 1978, 1979; Bullough *et*

*al.*, 1983; Freund *et al.*, 1982), and, as previously mentioned, the validity of such data is a limiting factor in the usefulness of these studies.<sup>3</sup> The present study, therefore, was undertaken to investigate the claims of clinical observers that the self-report of adult gender patients is, or could be, seriously contaminated by a kind of systematic distortion.

Taking the group as one's unit of study, how can one detect the operation of distortion in self-reports of childhood gender role behavior, self-reports of erotic attraction to males and females, or self-reports concerning whether, or how frequently, sexual excitement results from cross-dressing? One approach is to look for a correlation between extreme scores on measures of any (or all) of the above variables and some independent measure of a subject's tendency to describe himself in terms of moral excellence or admirable personal qualities. The existence of such a correlation (or set of correlations) would suggest that the stronger a subject's motivation to create a favorable impression on the examiner, the greater his tendency to portray himself as a "classic" transsexual. (By "classic" transsexual, we mean the textbook case of the biological male who has felt and acted feminine from earliest childhood, has never been sexually aroused by women's apparel, and is romantically inclined toward males.)

In this study, the "independent measure" of a subject's tendency to present himself in a positive light was the Crowne-Marlowe Social Desirability Scale (Crowne and Marlowe, 1964). This true/false questionnaire scale attempts to locate individuals who describe themselves in favorable, socially desirable terms in order to achieve the approval of others. The scale was developed by instructing ten judges to answer a pool of items "true" or "false" in such a way as to give the most socially desirable picture of themselves. The initial item pool had the following characteristics: "To be included, an item had to meet the criterion of cultural approval and yet be untrue of vir-

<sup>3</sup>In one study that did attempt to go beyond self-report data, Buhrich and McConaghy (1977) compared the penile responses of two groups of transvestites to movies of nude males and females. The group that verbally reported more interest in males also exhibited the greater phalometric response to males. Unfortunately, the usefulness of phalometric testing with subjects possibly motivated to disguise their erotic preferences is limited by the well-documented ability of many subjects to exert some degree of control over erectile responding (Abel *et al.*, 1975; Freund, 1963; Henson and Rubin, 1971; Laws and Rubin, 1969; Quinsey and Bergersen, 1976; Rosen, 1973; Rosen *et al.*, 1975; Rubin and Henson, 1975). For this reason, agreement between phalometric data and self-report, in men motivated to disguise their erotic preferences, may be no validation at all. On the other hand, the attempt to match a (false) phalometric performance to a (false) verbal report often does fail. Phalometric data, therefore, can be of great interest when they *contradict* the self-report of subjects suspected on *a priori* grounds of some motivation, conscious or otherwise, to misrepresent or misperceive their true erotic inclinations (Freund, 1977, p. 300). The data reported by Buhrich and McConaghy, however, do not fall in this category.

tually all people, and have minimal pathological or abnormal implications” (Crowne and Marlowe, 1964, p. 22). Reviews of this scale can be found in Robinson and Shaver (1973) and Wiggins (1968).

It should be pointed out that we expected a social desirability response bias to operate quite differently among gender patients than in other male populations. We anticipated, for example, that among gender patients social desirability scores would be positively correlated with retrospective reports of strongly feminine childhood behavior. Such a self-portrayal would not be the socially desirable one for non-gender-dysphoric men, be they heterosexual or homosexual.

## METHOD

### Subjects

Subjects were adult males referred by a physician for assessment at the Clarke Institute of Psychiatry Gender Identity Clinic. In the majority of cases, the patient presented with the wish for surgical sex reassignment; a smaller proportion were unsure whether they wished reassignment but wanted to explore this possibility with professionals, and a tiny proportion were cross-dressers who came under pressure from their wives.

The formal criterion for inclusion in the study was a response to the questionnaire item, *have you ever felt like a woman*, which indicated that the subject had such feelings at least when cross-dressed, if not more often (see response options for this item in Table I). Only one subject was excluded for indicating that he never felt like a woman; this was one of the cross-dressers who came under pressure from his wife. The remaining 115 subjects had a mean age of 30.4 years ( $SD = 8.8$ ) and a modal educational level of high school graduation.

### Materials

Except for age and education, all variables investigated were either questionnaire scales or individual questionnaire items. Scales were used to assess the subject's tendency to present in a socially desirable manner (Social Desirability Scale), history of feminine attitudes and behavior (Feminine Gender Identity Scale), erotic attraction to physically mature males (Modified Androphilia Scale) and to physically mature females (Modified Gynephilia Scale), and history of erotic arousal in association with cross-dressing or preparing the feminine toilet (Cross-Gender Fetishism Scale). Individual items

**Table I.** Experimental Variables: Questionnaire Scales and Individual Items<sup>a</sup>*Social desirability*

Social Desirability Scale (Crowne and Marlowe, 1964)

*Current cross-gender feelings*

Item: Have you ever felt like a woman?

- a. Only if you were wearing at least one piece of female underwear or clothing (1)
- b. While wearing at least one piece of female underwear or clothing and only occasionally at other times as well (2)
- c. At all times and for at least one year (3)
- d. Never felt like a woman (exclude subject)

Item: At the present time, do you feel that you would rather live as a female?

- a. Yes (3)
- b. Unsure (2)
- c. No (1)

*Cross-gender history*Feminine Gender Identity Scale for Males, Part A (Freund *et al.*, 1977)*Erotic attraction to physically mature males (androphilia) and physically mature females (gynephilia)*

Modified Androphilia Scale (Blanchard, 1985a, 1985b)

Modified Gynephilia Scale (Blanchard, 1985a, 1985b)

*Erotic arousal in association with cross-dressing or preparing the feminine toilet (cross-gender fetishism)*

Cross-Gender Fetishism Scale (Blanchard, 1985a)

Item: Which of the following statements best describes your behavior during the *past year*?

- a. You always felt sexually aroused when putting on female underwear or clothing (5)
- b. You usually felt sexually aroused when putting on female underwear or clothing (4)
- c. You felt aroused or not aroused about equally often (3)
- d. You usually did not feel sexually aroused when putting on female underwear or clothing (2)
- e. You never felt sexually aroused when putting on female underwear or clothing (1)
- f. You never put on female underwear or clothing (exclude subject)<sup>b</sup>

Item: Which of the following statements best describes your behavior during the *past year* when putting on female underwear or clothing?

- a. You always masturbated (5)
- b. You usually masturbated (4)
- c. You masturbated on about half the occasions (3)
- d. You did not usually masturbate (2)
- e. You never masturbated (1)
- f. You never put on female underwear or clothing (exclude subject)<sup>b</sup>

<sup>a</sup>*Individual items* were questionnaire items treated as separate variables and not included in any multiitem scale. Scoring weights for their response options are given in parentheses.<sup>b</sup>Only one subject endorsed this option. His data were included in the analysis of the other eight demographic and psychological variables.

were used to assess the proportion of time the subject felt like a woman, the subject's current preference for living as a female, the proportion of time that cross-dressing was erotically arousing during the past year, and the proportion of cross-dressing occasions at which the subject masturbated during the past year.

The above materials are organized according to content area in Table I. This table presents the individual questionnaire items in full and includes the literature references for the various scales.

## RESULTS

Subjects were dichotomously classified as heterosexual or homosexual according to their score on the Modified Androphilia-Gynephilia Index (Blanchard, 1985a), which equals the subject's score on the Modified Androphilia Scale minus his score on the Modified Gynephilia Scale. Those 64 subjects whose Index score was less than 10.0 were classified as heterosexual; those 51 whose score was greater than or equal to this value were classified as homosexual. The procedures used to locate this cutting score have previously been described (Blanchard, 1985a).

In answer to the questionnaire item, *have you ever felt like a woman* (Table I), 44 heterosexual and 49 homosexual subjects responded that they had felt this way at all times for a year or more, and so could be classified as transsexual—at least according to a lenient definition. Three heterosexual subjects answered that they felt like women only when cross-dressed—a response previously considered by Freund *et al.* (1982) to identify the respondent as a pure transvestite. No homosexual subjects endorsed this response option. The remaining cases, 17 heterosexual and 2 homosexual, endorsed the intermediate option—that they felt like women when cross-dressed but only occasionally at other times—indicating a degree or quality of cross-gender feeling somewhere between that of the pure transvestites and that of the transsexuals.

The correlations of the Social Desirability Scale with age, education, and the eight psychological measures were computed for all subjects, for heterosexual subjects only, and for homosexual subjects only. The results are displayed in Table II. For the heterosexual subjects, the tendency to present

**Table II.** Correlations of Demographic Variables and Questionnaire Measures with Social Desirability Scale<sup>a</sup>

Variable	Subjects					
	All		Hetero		Homo	
	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>
Age	-.04	NS	-.13	NS	.23	NS
Education	.01	NS	-.04	NS	.18	NS
Item: Felt like a woman	.30	.001	.29	.011	.26	.034
Item: Rather live as female	.27	.002	.34	.003	.01	NS
Feminine Gender Identity Scale	.35	.001	.37	.001	.16	NS
Modified Androphilia Scale	.28	.001	.25	.022	.02	NS
Modified Gynephilia Scale	-.30	.001	-.38	.001	.18	NS
Cross-Gender Fetishism Scale	-.35	.001	-.48	.001	.08	NS
Item: Aroused by cross-dressing	-.29	.001	-.34	.003	.02	NS
Item: Masturbated cross-dressed	-.27	.002	-.34	.003	.06	NS

<sup>a</sup>The abbreviations Hetero and Homo refer to heterosexual and homosexual subjects. Columns headed *r* are correlation coefficients; columns headed *p* are their associated one-tailed probabilities. The abbreviation NS means that the associated correlation coefficient was not statistically significant at the 0.05 level.

**Table III.** Lowest and Highest Possible Scores on All Questionnaire Measures, Observed Means (*M*), and Standard Deviations (*SD*)

Variable	Possible scores		Observed scores					
	Low	High	All		Hetero		Homo	
			<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Social Desirability Scale	0.00	33.00	18.72	5.50	17.68	5.17	20.02	5.67
Item: Felt like a woman	1.00	3.00	2.78	0.47	2.64	0.57	2.96	0.20
Item: Rather live as female	1.00	3.00	2.86	0.42	2.78	0.52	2.96	0.20
Feminine Gender Identity Scale	0.00	30.00	22.34	5.76	19.34	5.74	26.10	2.84
Modified Androphilia Scale	-18.50	13.30	1.40	10.71	-5.47	9.79	10.01	2.11
Modified Gynephilia Scale	-8.30	12.90	-0.83	5.61	2.89	4.78	-5.49	1.77
Cross-Gender Fetishism Scale	-8.70	14.30	-1.45	8.52	3.08	8.21	-7.14	4.63
Item: Aroused by cross-dressing	1.00	5.00	1.84	1.29	2.40	1.42	1.16	0.61
Item: Masturbated cross-dressed	1.00	5.00	1.61	1.09	2.00	1.23	1.14	0.60



in a socially desirable manner was positively correlated with the proportion of time the subject reported he felt like a woman, the subject's stated preference for living as a female, a self-reported history of feminine attitudes and behavior, and a reported erotic attraction to physically mature males. The tendency to present in a socially desirable manner was negatively correlated with erotic attraction to physically mature females, a self-reported history of erotic arousal in association with cross-dressing or preparing the feminine toilet, the admission of recent erotic arousal with cross-dressing, and the admission of recent masturbation with cross-dressing.

For the homosexual subjects, only the proportion of time the subject reported he felt like a woman correlated with the Social Desirability Scale. A socially desirable presentation did not correlate with age or education in the heterosexual or the homosexual group or in the combined group.

Table III shows that, for all eight gender and erotic measures employed, the homosexual subjects had a mean score closer to the maximum or minimum possible and a smaller standard deviation than the heterosexual group. Thus, one possible cause for the lack of social desirability correlations in the homosexual group is their uniform tendency to produce extreme scores on all the gender and erotic measures. It should be noted that, in contrast, the mean social desirability scores of both groups are roughly mid-range and comparable to one another.

## DISCUSSION

Results confirmed the prediction that the socially desirable presentation for a heterosexual male gender patient is one that emphasizes traits and behaviors characteristic of "classic" transsexualism. It is reasonable to expect that the patients most motivated to create a favorable impression on an examiner are those most anxious to obtain approval for sex reassignment surgery. It appears quite possible, therefore, that the differences in the histories produced by transvestites and heterosexual transsexuals are exaggerated to an unknown degree by the motivation of the latter to obtain approval for surgical sex reassignment.

Correlations with the Social Desirability Scale, though statistically significant and perfectly coherent in pattern, were modest in size (see Table II). It should be borne in mind that the present subjects, all referred by a physician to a gender clinic, represent a restricted portion of the heterosexual gender dysphoric population. Such a restriction could have resulted in lower correlations than would be observed if nonpatient transvestites were also included, or men with more extensive cross-gender wishes who had decided, for

one reason or another, not to request assessment for sex reassignment surgery (see Nunnally, 1978, pp. 140-141).

It would be most interesting to compare the histories of transvestites and heterosexual transsexuals, after these groups had been equated for social desirability response set, to see how much, if any, difference remained in self-reported childhood femininity, fetishistic history, and so on. Unfortunately, this was not possible for technical reasons (apart from the fact that there were few simple transvestites in the sample). Partialling out social desirability scores to reveal the "true" magnitude of group differences would be valid only if "social desirability" were measured by the Crowne-Marlowe scale without error; this is certain to be very far from the case. (See McLaughlin, 1982, p. 1142f, for a succinct explanation of the effect of measurement error on partials.) The present data, therefore, can do no more than indicate the need for caution in interpreting comparative studies of cross-gender syndromes. The same caveat applies to patients' self-reports as evidence supporting psychodynamic "formulations" of individual cases.

The mean social desirability scores presented in Table III suggest that the homosexual subjects had, if anything, a *greater* tendency to present themselves in a favorable light than the heterosexual subjects. Thus, one should not conclude that the homosexual subjects were generally more honest or more accurate from the present finding that the Social Desirability Scale correlated with all eight sexological measures for the heterosexuals but only with one for the homosexuals. As we have previously suggested, the immediate cause of this absence of correlations may be a lack of variability in the homosexuals' scores on the sexological measures. Various factors could account for this lack. For one thing, it is likely that the homosexual subjects were, in reality, virtually devoid of certain characteristics, such as a history of sexual arousal with cross-dressing, that are common in heterosexual gender patients, and which the latter varied in their willingness to acknowledge. For another, it is possible that heterosexual patients are genuinely more variable in their behavior and in their feelings, because conflict between sexual attraction toward women and the desire to *be* a woman generates a wider variety of behavioral and cognitive resolutions.

In other words, the data do not suggest that the homosexual subjects would be more honest about every aspect of their personal histories, but rather that they had the lesser need to distort the particular information requested in this study. This is because the information requested dealt specifically with the diagnosis of transsexualism. In general, the clinician's (and the lay person's) conception of the "true" transsexual corresponds most closely to the presentation and history of the homosexual transsexual. This fact is well appreciated by many heterosexual gender dysphorics, some of whom adjust their self-report accordingly. We have previously reported the case of two

such patients, both of whom spontaneously advised us, after undergoing sex reassignment surgery, that before surgery they had merely pretended an erotic preference for males, thinking this would improve their chances of being recommended for sex reassignment; postoperatively, both of these patients desired, and had been involved in, "lesbian" relationships with biological females (Blanchard *et al.*, 1985). It is therefore possible that the self-report of the homosexual patients was less affected by social desirability motivation not because these patients are generally more honest or more accurate, but simply because, being the type on which the ideal is based, they found fewer discrepancies to correct in those parts of their histories investigated here.

Some writers consider transvestism and heterosexual transsexualism to be cognate conditions (e.g., Freund, 1985), and others scarcely distinguish them at all (e.g., Baker, 1969). While the thrust of the present paper is one that reinforces at least the former view, it has never been our intention to diminish the obvious, enormous difference between men preoccupied to the point of obsession with the idea of obtaining genital surgery and living thereafter as women, and men for whom cross-dressing remains a fairly circumscribed activity.

What is the nature of the difference between transvestism and heterosexual transsexualism? There is, of course, the possibility—which we have not eliminated—that these are completely unrelated conditions, whose apparent similarities, however close, are merely superficial and misleading. At least three other obvious possibilities remain. (1) These conditions represent the same disorder in varying degrees of severity. (2) Heterosexual transsexualism is not the same disorder as transvestism, but it is one that can only take root if transvestism is present. (3) Transvestism and heterosexual transsexualism essentially differ neither in severity nor in nature; additional personality factors or life experiences determine whether the condition is manifested as simple transvestism or progresses toward transsexualism.

The present authors do not know if further comparative studies of the heterosexual cross-gender syndromes—at least, studies of the type so far conducted—will throw any more light on the nature of the factor (or factors) that differentiates one group from another. What we learn from the present study is that the data themselves must be viewed with some caution, quite apart from any question of interpreting them.

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