Archives of Psychiatry and Psychotherapy, 2015; 3: 5–13

DOI: 10.12740/APP/58746

Masculinity, femininity, self-appeal, strategies of self-presentation and styles of interpersonal functioning in transsexual women

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Summary

Aim. The aim of this study was to explore potential differences in gender identity and interpersonal functioning styles between transsexual and non-transsexual women.
Method. The following tests were used: Bem Sex Role Inventory (Polish version), Self-Appeal Scale, Interpersonal Styles Scale, and the Strategies of Self-Presentation Questionnaire. The study group consisted of 32 adult transwomen, mean age 35.09 years. The control group consisted of 32 adult cissexual women (mean age 31.69 years) selected according to the age criterion to match the study group.
Results. Transsexual women scored higher than non-transsexual women on the femininity scale, in the use of the maintaining-overprotective style, submissive-dependent style and on conformism scales. Non-transsexual women scored higher on the directive-autocratic style, aggressive-sadistic style, competitive-narcissistic style, and partner attractiveness and self-promotion scales. However, there were no statistically significant differences between the groups on masculinity, adonization, interpersonal attractiveness, partner appreciation, self-depreciation, the withdrawing-masochistic style, the rebellious-suspicious style, self-acceptance/complacency, pessimism/helplessness/cry for help, the lie scale, the friendly-cooperative style and the resourcefulness/realism/autonomy scales.
Discussion. The study revealed that transsexual women experience themselves and the surrounding world more in accord with the stereotypes of what is feminine than non-transsexual women. This applies to their interpersonal functioning. Styles that they employ to a higher degree usually do not contain components of dominance and a need for autonomy but rather a need for affiliation and considerateness.
Conclusions. Differences in gender identity and interpersonal functioning between transwomen and cissexual women might suggest that they are moderated, among other things, by the fact that the former were being raised as males and because they belong to a socially stigmatized group. It seems that transwomen function more in accordance with the stereotypes of femininity than cissexual women.

gender identity disorder / transsexualism

INTRODUCTION

The research presented in this paper concerns gender identity, self-appeal, strategies of self-presentation and styles of interpersonal functioning of male to female transsexuals and is an attempt to look for potential differences in these aspects between transsexual and cissexual women.

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Gender identity disorder

Gender identity disorder (GID), also known as transsexualism, is defined by the World Health Organization (WHO) as:

"A desire to live and be accepted as a member of the opposite sex, usually accompanied by a sense of discomfort with, or inappropriate-

ness of, one's anatomic sex, and a wish to have surgery and hormonal treatment to make one's body as congruent as possible with one's preferred sex [1]".

GID is characterized by very low occurrence: WHO estimates 1 case for 30[th]000 biological males and 1 case for 70[th]000 biological females. The aetiology of GID is still a matter of debate, however, most researches conform either to one of the biologically rationalized or psychologically justified theories or their idiosyncratic intermediaries, which will be discussed below [2]. One of the prevalent biologically rationalized concepts of GID aetiology is based on research conducted by Reiner and Meyer-Bahlburg [3]. According to them, the development of GID might be connected to prenatal androgenization of fetuses.

However, the particular mechanism that determines future gender dysphoria is still unknown, and the prenatal androgenization – gender dysphoria association was observed in transsexual women (biological males who identify as females), but not in transmen (biological females who identify as males) [4].

Some researchers suggest that one type of oestrogen feedback response of the pituitary luteinizing hormone might be responsible for the development of GID [2]. These theories became an inherent part of a broader group of concepts revolving around generalized hormone disorders, specifically lack or overdose of androgens during the perinatal period in biological males and females, respectively [2].

Hormone-induced GID aetiology concepts do not exhaust the scope of biologically rationalized theories. Some researchers suggest that anatomical and functional abnormalities in sexually dimorphic nuclei in the hypothalamus might be the cause of gender dysphoria, namely, in the nucleus of the preoptic area, the suprachiasmatic nucleus, darkly staining posteromedial component of the bed nucleus of the stria terminalis, two groups of cells placed in the anterior hypothalamus, and the central subdivision of the bed nucleus in the stria terminalis (sexually dimorphic nuclei). Zhou et al. [5] showed that sexually dimorphic nuclei are more akin to those of biological females in terms of size and shape than to biological males.

Apart from theories seeking the aetiology of transsexualism in human biology, some try to explain this phenomenon by certain psychological and/or environmental influences on the development of gender identity. One of the first such theories was formulated by Harry Benjamin [6], the pioneer of modern understanding of transsexualism, which he saw as a result of the individual's fixation on gender, comparable to the phenomenon of imprinting.

Benjamin states that transsexualism appears during the critical stage of human development, when the child fixates on the parent of the opposite sex and begins to identify with him or her so strongly that it abandons its own gender identity for the sake of that of one of its parents. On the other hand, Meyer [7] seeks the cause of transsexualism in the individual's internal conflicts which are psychotic in character. An approach similar to Benjamin's was proposed by Stoller [8], who sees the source of transsexualism in the symbiotic relation between the child and the parent of the opposite sex. In cognitive–behavioural approach, the key concept is the reinforcement of cross-sex behaviours and identity [9]. The psychodynamic and self-psychology approaches consider transsexualism in biological males to be an effect of the boy's identification with an image of the ideal mother, which is maintained throughout his adulthood [9].

Gender identity

Gender identity understood as a socio-psychological concept concerns the way individuals experience and affiliate with certain culture-related ideas of femininity and masculinity [10], each in its own regard, as proposed by Sandra Bem [11]. She suggests that these interactions and activities depend on gender schemes, which also facilitate them by providing a general idea how to act according to one's gender. An interesting development of Bem's theory was proposed by Levy & Fivush [12] in the form of gender scripts as a group of gender-dependent events. The significance of interactions and activities undertaken in the process of maintaining an individual's gender identity, and even further considering gender identity as a process, is the key issue in Judith Butler's idea of gender performativity [13]. In her view, gender is not an innate feature

of every individual, but it is created by discursive means and needs to be maintained through constant performative acts.

Such discursive means of constructing one's gender ought to be in accord with certain strategies of self-presentation – "impression management" – to be successful. Goffman stresses their intentionality and dramaturgic awareness [14]. Baumeister et al. [15] divide them into assertive-conquering and defensive: the first are strategies focused on protecting one's values and identity in the face of danger, the second focus on maintaining or creating new (better) identities.

The next important factors in social functioning are self-appeal and personality. As suggested by Shea et al. [16], self-appeal might affect interpersonal behavioural styles as well as social attitudes. The personality model proposed by Sullivan [17] and Leary [18], which specifically revolves around the social aspects of human functioning, was thought to be the most appropriate for this study. It describes people in two general dimensions: domination-submission and hostility-affiliation.

METHOD

Materials

Four questionnaires were used in our study:

The Bem Sex Role Inventory: Polish version (Inwentarz Płci Psychologicznej; IPP) [19]. The Polish version consists of two scales: femininity (self-perception of one's adherence to the stereotypes of a feminine worldview and behaviour) and masculinity (self-perception of one's adherence to the stereotypes of a masculine worldview and behaviour). Both comprise 15 items and their reliability ratios are rtt=0.785 (femininity) and rtt=0.783 (masculinity). Respondents had to rate the items on a 5-point scale ranging from 1, "I am completely not like that" to 5, "I am just like that". The items included: dominating (masculinity scale), sensitive (femininity scale), independent (masculinity scale).

The Self-Appeal Scale (Skala Poczucia Własnej Wartości; SPWA) [20]. A Polish questionnaire which consists of five scales: physical attractiveness (Cronbach's α=0.72) – self-perception of one's beauty; interpersonal attractiveness (Cronbach's α=0.65) – self-perception of one's sociability; partner attractiveness (Cronbach's α=0.73) – self-perception as a partner in a relationship; professional attractiveness (Cronbach's α=0.79) – self-perception of one's professionalism and competence at work; and intellectual attractiveness (Cronbach's α=0.84) – self-perception of one's cognitive maturity and decision-making abilities. Respondents had to rate the statements using a 5-point scale, where 1 was "I do not agree" and 5 was "I wholeheartedly agree". Examples of the items are: "I think that my physical condition is satisfactory" (physical attractiveness scale), "I am intellectually gifted" (intellectual attractiveness scale), "I want to achieve professional/academic success" (professional attractiveness).

The Strategies of Self-Presentation Questionnaire (Kwestionariusz Strategii Autoprezentacji; KSA) [21]. It is a Polish questionnaire which comprises 20 items and 5 subscales, each corresponding to a specific strategy of self-appeal: self-promotion (Cronbach's α=0.62) – informing others about one's positive features; adonization (Cronbach's α=0.75) – influencing others by one's gender-related stereotypical behaviours; appreciation of the partner (Cronbach's α=0.60) – admiration of the partner and preserving his/her high self-esteem; conformism (Cronbach's α=0.75) – conforming to social norms and conventions for the sake of certain benefits; and self-depreciation (Cronbach's α=0.69) – demeaning oneself. Respondents had to rate the statements on a 5-point scale, where 1 was "I never act like this" and 5 was "I almost always act like this". The accuracy of the questionnaire equalled 0.79 KMO (Keiser-Mayer-Olkin Index). The items included: "A woman tries to maintain a position adequate to her interlocutor and hide her different attitudes and opinions" (conformism scale), "A woman tries to emphasise what is most feminine about her appearance – she flexes her neck and smoothes her hair" (adonization scale), "A woman competes with her (male/female) partner with regard to intellectual abilities and professional achievements" (self-promotion scale).

The Interpersonal Styles Scale (Skala Ustosunkowań Interpersonalnych; SUI) [21]. A Polish questionnaire based on the personality theories of Sullivan [17] and Leary [18]. It comprises 70 items grouped into 12 scales: the directive-autocratic style scale (reliability ratio rtt=0.78) – a

style characterized by dominance in relations, which in an extreme form might result in paternalization of others and dogmatism; the maintaining-overprotective style scale (rtt=0.82) – helpful, caring dominance in relations, which in an extreme form might result in overprotectiveness and self-sacrifice; the friendly-cooperative style scale (rtt=0.85) – characterized by submissiveness in relations and a strong need to preserve harmony even at the cost of benefits to oneself; the submissive-dependent style scale (rtt=0.69) – characterized by expressing one's weaknesses and admiration of others in relations; the withdrawing-masochistic style scale (rtt=0.73) – submissiveness and hostility in relations and being overly modest; the rebellious-suspicious style scale (rtt=0.87) – hostile and antisocial attitude towards others, as well as passivity, distrust and a sense of being abandoned; the aggressive-sadistic style scale (rtt=0.88) – characterized by a hostile attitude towards others, which might result in verbal and physical aggression; the competitive-narcissistic style scale (rtt=0.72) – domination, hostility in relations and an exaggerated sense of self-esteem as well as instrumental treatment of others; the self-acceptance/complacency scale (rtt=0.73) – the measure of one's self-esteem in both negative and positive aspects; the lie scale (rtt=0.89) – the measure of one's truthfulness as well as the degree to which one's self-image accedes to the reality; the resourcefulness/realism/autonomy scale (rtt=0.87) – the measure of one's focus on certain goals; and the pessimism/helplessness/cry for help scale (rtt=0.71) – the measure of one's general attitude towards their past/present/future well-being. Respondents had to rate the items on a 3-point scale with answers "Yes", "Neither" and "No". Here are some examples of the items: "I am inclined to think of myself as a person of strong character" (directive-autocratic style scale), "Sometimes I praise myself a little" (lie scale), "It is very important for me to be liked by everyone" (friendly-cooperative style scale).<koniec listy>

As well as these four inventories, a short questionnaire concerning demographic variables devised by the authors of this paper was used. It comprises questions about respondents' personal information, such as age, transsexuality and education.

The study group consisted of 32 adult transsexual women, mean age 35.09 years (SD=9.61), and the control group consisted of 32 adult non-transsexual women selected according to the age criterion to match the study group (M=31.69, SD=8.47). The entire control group and 20 persons (62.5%) from the study group were contacted in person, while the rest were contacted via the internet (transgender social media (Facebook) groups, crossdressing.pl, transfuzja.org) and the questionnaires were sent to them by e-mail. All women in the study group have been diagnosed with gender identity disorder according to the ICD-10 criteria [1] and are undergoing hormone replacement therapy; 17 have had their names legally changed and are recognized as women by the state and the remaining 15 are at various stages of this legal change. Out of the 17 women, 5 have undergone orchidectomy (the surgical removal of both testicles), while 7 have had the full sex reassignment surgery; the remaining 4 did not reveal what they did after they had changed their names. Twenty-two of the transsexual women in the study group declared that they are heterosexual, 7 – bisexual and the remaining 3 – homosexual. Of the control group, 29 cissexual women declared that they are heterosexual, 2 – bisexual and 1 – homosexual.

The data were processed with one-way analysis of variance (ANOVA) and the Mann-Whitney U-test.

RESULTS

The analysis revealed a statistically significant difference between transwomen and cissexual women on the psychological femininity scale: transwomen scored significantly higher than cissexual women. No statistically significant difference between the two groups appeared on the psychological masculinity scale (Table 1).

The one-way analysis of variance did not reveal any statistically significant difference in the interpersonal attractiveness scale between the two groups, however, the Mann-Whitney U-test revealed one statistically significant difference concerning personal attractiveness, where the study group scored lower on partner attractiveness than the control group (Table 2)

The one-way analysis of variance did not reveal any statistically significant differences in

adonization between transwomen and cissexual women, but it revealed two statistically significant differences in strategies of self-presentation, namely in the conformism and self-promotion scales (Table 3 – *next page*). Transsexual women scored higher than cissexual women on the conformism scale, but lower on the self-promotion scale.

A statistically significant difference emerged in the directive-autocratic style scale between the groups (Mann-Whitney U-test), where transwomen scored lower than cissexual women. Transwomen scored higher than controls on the maintaining-overprotective style scale and the submissive-dependent style scale, but lower on the aggressive-sadistic style scale and the competitive-narcissistic style scale (differences were statistically significant). No statistically significant differences between the groups occurred in the case of the withdrawing-masochistic style scale, the rebellious-suspicious style scale, the self-acceptance/complacency scale, the pessimism/helplessness/cry for help and lie scales (Table 4 – *next page*).

The one-way analysis of variance did not reveal any statistically significant differences between the study and control groups in the friendly-cooperative style scale and the resourcefulness/realism/autonomy scale either (Table 4 – *next page*).

Table 1. Results of the Bem Sex Role Inventory: Polish ersion in the study group and the control group (ANOVA)

	Transsexual women		Non-transsexual women			
	M	SD	M	SD	F (1, 62)	p
Femininity	59.44	6.21	54.59	6.00	10.07	0.00
Masculinity	46.97	12.22	51.19	12.13	1.92	0.17

1. Mann-Whitney U-test.
2. ANOVA.

Table 2. Results of the Self-Appeal Scale (SPWA) in the study group and the control group

	Transsexual women		Non-transsexual women					
	M	SD	M	SD	F (1,62)	U	Z	P
Interpersonal attractiveness1	18.16	4.65	19.75	3.81	2.25			0.14
Physical attractiveness2	13.69	4.15	15.19	3.00		405.00	-1.44	0.15
Intellectual attractiveness2	19.31	4.21	21.00	3.16		391.50	-1.62	0.11
Partner attractiveness2	16.50	6.21	19.91	3.26		363.00	-2.00	0.05
Professional attractiveness2	16.44	5.54	19.16	3.89		369.50	-1.91	0.06

1. Mann-Whitney U-test.
2. ANOVA.

DISCUSSION

Our study aimed to explore potential differences in gender identity and interpersonal functioning between transsexual and non-transsexual women. We sought to explore the hypothesis that due to being raised as males, transsexual women might see femininity and how women behave, or should behave, in a different perspective, compounded by the fact that many live, or are perceived, as males most of the time, which

Table 3. Results of the Strategies of Self-Presentation Questionnaire (KSA) in the study group and the control group˝.

	Transsexual women		Non-transsexual women					
	M	SD	M	SD	U	Z	F (1,62)	p
Adonization1	12.22	4.58	10.91	4.87	432.00	1.07		0.28
Appreciation of the partner2	14.84	3.00	14.16	2.82			0.89	0.35
Conformism2	12.59	3.50	10.56	3.53			5.35	0.02
Self-promotion2	12.38	2.85	13.91	3.31			3.94	0.05
Self-depreciation2	11.59	3.70	10.38	3.63			1.77	0.19

1. Mann-Whitney U-test.
2. ANOVA.

Table 4. Results of the Interpersonal Styles Scale (SUI) in the study group and the control group

	Transsexual women		Non-transsexual women					
	M	SD	M	SD	U	Z	F (1,62)	p
Directive-autocratic style1	4.25	3.42	7.06	3.41	283.50	-3.08		0.00
Maintaining-overprotective style1	8.38	2.73	6.31	2.75	297.00	2.91		0.00
Submissive-dependent style1	8.94	2.50	6.88	2.50	283.50	3.10		0.00
Withdrawing-masochistic style1	5.16	4.16	3.72	3.33	421.50	1.22		0.22
Rebellious-suspicious style1	2.28	2.25	3.94	3.67	392.50	-1.63		0.10
Aggressive-sadistic style1	2.03	2.35	3.94	3.56	353.00	-2.20		0.03
Competitive-narcissistic style1	4.47	2.86	6.84	2.77	291.00	-2.99		0.00
Self-acceptance/complacency1	6.47	4.47	5.59	3.97	452.00	0.81		0.42
Pessimism/helplessness/cry for help1	3.47	3.12	3.72	3.33	502.00	-0.13		0.90
Lie scale1	2.00	1.80	1.81	1.91	471.00	0.57		0.57
Friendly-cooperative style2	7.09	2.75	6.66	2.77			0.40	0.53
Resourcefulness/realism/autonomy2	5.22	2.43	5.94	2.31			1.47	0.23

1. Mann-Whitney U-test.
2. ANOVA

may have an influence on the way they think of themselves and the way they behave.

The study revealed that the transsexual group had a stronger sense of being feminine than cissexual women. This might mean that transwomen consider themselves very feminine in terms of experiencing/interacting with the world and that their way of thinking and behaviour could be described as being in accord with feminine stereotypes. Alternatively, it could be a strategy used by transwomen to fit into the cis- and hetero-normative society; they overexert themselves to fulfil its perceived gender norms.

As for self-appeal, in the sense of personal attractiveness, the analysis revealed statistically significant differences in partner attractiveness, where transwomen scored lower than non-transsexual women. This might mean that transsexual women consider themselves less attractive as partners in intimate relationships than cissexual women. This confirms the results of research conducted by Kampania Przeciwko Homofobii (Campaign Against Homophobia), where 55.3% of transsexual respondents were single and 63.9% believed that they have at least a slightly smaller chance to have a relationship than cissexual individuals [22].

However, no statistically significant differences were observed in the case of physical, interpersonal, professional and intellectual attractiveness. This is not what we had expected: transphobia and internalized transphobia seem to have no influence on these types of personal attractiveness. Such a social stigma and its internalized variant usually affect many aspects of one's self-image [23], in the light of which our results seem rather surprising.

Our research results showed that transwomen might more eagerly employ the conformist strategy of self-presentation, which could possibly result from lower self-esteem caused either by internalized transphobia or/and by experiencing transphobia expressed by others [24, 25], as well as a way of conforming to the stereotype of woman as a person of a more passive nature and withdrawing her own opinion for the sake of others. More or less the same rationale can be applied to the differences shown in the use of self-promotion strategies. In the case of adonization, self-depreciation and appreciation of partner, no statistically significant differences between the groups were observed. As in the previous case, these strategies seem to be employed equally by both groups, however, the lack of influence of transphobia on the frequency with which these strategies are employed by transwomen is rather surprising [24, 25].

The results of the study suggest that transwomen employ the directive-autocratic style to a lesser degree than non-transsexual women. Due to the strong dominance component in this style, it could be perceived as stereotypically masculine and because of that transsexual women might not be so eager to use it. Conversely, transwomen might be more keen to employ the maintaining-overprotective style because it involves behaviour which meets societal expectations: living in harmony and caring for others fits well the stereotype of what is considered feminine. The study revealed that transwomen might be more eager to employ the submissive-dependent style than cissexual women. This might be because they belong to a socially stigmatized group, or because of transphobia or internalized transphobia, and might result in lower self-esteem [24, 25]. On the other hand, this style of interpersonal functioning might be considered as stereotypically feminine and because of that it might be more readily adopted by transsexual women.

The aggressive-sadistic style is employed by transsexual women to a lesser degree than by non-transsexual women. This might result from the fact that this type of behaviour is perceived as not stereotypically feminine.

What also emerged is that transwomen might employ the competitive-narcissistic interpersonal functioning style less readily than cissexual women. This style highlights the need for individualism, autonomy and dominance over others and as such is not perceived as stereotypically feminine. This may suggest that transwomen feel a strong need for affiliation and a life of harmony, but it might also be the result of lower self-esteem due to transphobia of either kind [24, 25].

The study did not reveal statistically significant differences between the groups in the case of the friendly-cooperative style, withdrawing-masochistic style, self-acceptance/complacency scale, lie scale, resourcefulness/realism/autonomy scale and pessimism/helplessness/cry for help scale. Particularly striking is the lack of differences on the self-acceptance/complacency scale and in the use of the withdrawing-masochistic style; in the context of the data concerning transphobia experienced in Poland [22], the transsexual women's score on the first scale might have been expected to be higher than that of cissexual women, and in the latter – just the opposite. Similar scores in the two groups in the rest of the scales mentioned above could signify there are no differences between them, or that transwomen actively modify their beliefs to be in accord with femininity stereotypes.

A permeating theme of transsexual women's functioning is the stigma of belonging to a gender minority. It could be the result of transphobia, if transwomen are stigmatized by others because of their gender identity and expression, of internalized transphobia, if transwomen possess maladaptative beliefs concerning their transsexuality, or of both homophobia and internalized homophobia, if transwomen are of non-heterosexual orientation [26]. The extent of transphobia in Poland, and in Eastern Europe in general, may be far greater than the extent of the phenomenon reported in the research conducted in Western Europe and North America [22, 26].

This may affect transwomen's decision to reveal their transsexuality ("come out"). Living a life of deception, as the research suggests [27], may be the cause of a high, and still rising, rate of suicide among transwomen [28, 29].

Considering the above, the main focus of mental healthcare for transwomen, especially in psychotherapy, ought to be their destigmatization as members of gender (and sometimes sexual) minority. They should be taught how to use strategies of coping with the stress of belonging to a minority group [30, 31] as well as how to reformulate maladaptative beliefs about transgender, for instance in affirmative psychotherapy for sexual minorities [32].

CONCLUSIONS

The analysis of our research results revealed significant differences between the groups of transsexual and cissexual women in the sense of psychological femininity. Transwomen seem to live more in accord with stereotypes about femininity than cissexual women do. This could be a strategy employed to fit in in a cis- and hetero-normative society and to avoid the stigma of belonging to a gender (and sometimes sexual) minority.

No significant differences were observed between the groups in the sense of psychological masculinity. This could result from an active reduction of stereotypically masculine behaviours and beliefs by transwomen. In the case of self-appeal, significant differences occurred in the sense of partner attractiveness, where transwomen consider themselves less attractive than their cissexual counterparts do, which seems to confirm the results of other studies [22]. Transwomen seem to be more conformistic and less eager to promote themselves in acts of self-presentation than cissexual women. Styles of interpersonal functioning, which contain components of dominance and the need for autonomy, and might suggest high self-esteem, are employed to a lesser degree by transwomen than by cissexual women. This may result from transphobia and internalized transphobia experienced by transwomen [25, 26]. Where transphobia and internalized transphobia are experienced, mental healthcare professionals should focus on gender-affirmative therapy [32], ensuring transsexual women feel comfort and a sense of safety.

Finally, we acknowledge that the study may not have a wide applicability to the transwomen population because of significantly greater transphobia observed in Poland than in North America and Western Europe.

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