CASE REPORT

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Clinical Case Study on Transsexual Identity to Lesbian Sexual Orientation Transition and the Future of the Lesbian Relationship

ABSTRACT
In this study, a case was analyzed that allows to question gender identity, sexual orientation and sexuality. Sexual orientation and gender identity were dealt with during the therapy session with the client who applied to the clinic due to relational and sexual problems with her virgin lesbian partner and identified herself as a lesbian. The client understood the discrepancy of her gender identity and gender identity was restructured. Accordingly, the relationship psychically defined as a lesbian relationship has become psychically transsexual (heterosexual) and has led to the question of the future of the lesbian relationship. In this case analysis, sexual position taking, gender identity, sexual orientation and sexual behavior were examined through lesbian and transsexual relations.

Keywords: Lesbian, Transsexual, Sexual Orientation, Gender Identity, Sexuality.

Lezbiyen Cinsel Yönelimden Transseksüel Kimliğe Geçiş ve Lezbiyen İlişkinin Geleceği Üzerine Klinik Vaka İncelemesi

ÖZET
Bu yazıda cinsel kimlik, cinsel yönelim ve cinsellik alanlarını sorgulama imkânı veren bir vaka analiz edilmiştir. Bakire lezbiyen partneriyle yaşadığı ilişkisel ve cinsel sorunlar nedeniyle kliniğe başvuran ve kendisini lezbiyen olarak tanımlayan vaka ile gerçekleştirilen terapi sürecinde cinsel yönelim ve cinsiyet kimliği ele alınmıştır. Vaka cinsiyet kimliğinde farklılık yaşadığını anlamış ve cinsel kimlik alma yeniden yapılandırılmıştır. Dolayısıyla, psişik olarak lezbiyen ilişki olarak tanımladığı ilişkisi psişik olarak transseksüel (heteroseksüel) ilişkiye dönüşmüş ve lezbiyen ilişkinin geleceğini sorgulamaya neden olmuştur. Bu vaka analizinde lezbiyen ve transseksüel ilişki üzerinden cinsel kimlik, cinsel yönelim ve cinsel davranış ortaya koyma irdelenmiştir.

Anahtar Kelimeler: Lezbiyen, Transseksüel, Cinsel Yönelim, Cinsel Kimlik, Cinsellik

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INTRODUCTION

Currently, diagnosing a patient with This study contains a case analysis that enables to question social gender, sexual orientation and areas of sexuality. Mehtap is divorced, 45 years old, and works in a public institution. She identifies herself as lesbian. She applied to the clinic due to relational and sexual problems she has with her virgin lesbian partner. Clinical interviews reveal that the client confronts dilemma in identifying herself as a woman. The therapy process allows setting forth the social gender, sexual orientation and sexual behavior through the lesbian relation. It is necessary to examine the gender identity and its constituents prior to clinical history of the case and the studies conducted.

The basis of the sexual identity is the biological gender. Therefore, integrity is required for bio-physiological structure and functioning. Biological gender depends on three principal constituents consisting of chromosomes, gonads and hormones. XY (46 XY) in males forms the basis for development of testes and XX (46 XX) in females for development of ovary and these are defined as chromosomal gender. Differentiated gonads and the hormones they secrete define the gonadic and hormonal gender. Internal and external sexual organs of males and females are formed under the effect of oestrogen and androgen hormones secreted by the gonads that are differentiated in the womb, and sexual phenotypes are formed. Every individual is born and developed in accordance with one of these male or female genders (1).

Second dimension of the sexual identity is social gender. Social gender is dealt by John Money for the first time in 1955 and it is defined as "psychological state in which a person feels as a man or woman and according to which he or she acts" (2). Thus, social gender is mostly dealt psychologically and culturally and it is defined to be related to the extent to which a person feels himself/herself as man or woman. According to Stoller, gender identity is formed on the sexuality core that contains biological gender, parental attitudes and biological potency and it is fixed around at the age of two or three (3). Social roles reinforce the gender role according to the development of an individual. An individual with female biological gender feels herself as woman (feminine), an individual with male biological identity gender feels himself as man (masculine). However, biological gender and social gender may be dissociated, differentiated and a person may feel himself or herself belong to the opposite sex. This case is defined as transsexuality. Diagnostic and Statistical Manual of Mental Health Disorders-V (DSM-V) (4) defines this disorder as "dissatisfaction with the gender" and describes that it can be encountered in childhood, adolescence and adulthood periods. A person feels confused about his or her biological gender and social gender and has difficulty in expressing this situation.

Third dimension of sexual identity is sexual orientation. Sexual orientation is related to which gender a person erotizes or which gender arouses him or her. It comprises romantic, erotic and sexual interest, attitude and preference to the erotized sex. A person erotizes the opposite sex in harmony with his or her own biological gender and social gender normatively. In nature, heterosexual orientation arises as an extension of biological complementarity between male and female, this allows them to reproduce and maintain their generation (5). However, sexual orientation may be homosexual, bisexual, and asexual in some people.

Homosexuality is a case that a person erotizes his or her same-sex partner. Male homosexual is defined as gay, female homosexual is defined as lesbian. Sexual orientation is liable to change in the lifetime. There may be transition from heterosexuality to homosexuality or from homosexuality to heterosexuality (6). Homosexuality has been exposed to various adverse interventions throughout history. In the second half of 19th century, the concept of homosexuality in European countries arose as a psychiatric concept; therefore, homosexuals were regarded as patient. Beginning from 1950's, medical perspective has come to change. Under the effect of increasing demands for freedom and equality in 1960's, homosexuality was excluded from DSM illness category in 1973. Then, World Health Organization excluded homosexuality from the list of perversions (7). At first, Western Europe countries accepted free relationship that allows for demands of homosexuals to live together and made necessary arrangements. Later on, homosexual marriages are recognized. Only free relationship is admitted in Germany and UK (8, 9). France recognized homosexual marriages in 2013. Nowadays, homosexuals can have a child by adopting or giving birth and they can turn their couple life into family life by having a child (10). In Turkey, there isn't any legal regulation on homosexuality, and it is not legally possible for homosexuals to marry, or set a couple and family life.

Fourth dimension of sexual identity is sexual behavior and it comprises having reproduction and pleasure centered sexuality. A person can have sexuality with another person or by himself or herself (auto sexuality). Man and woman direct sexual arousals and physiological and emotional arousals accompanying the sexual arousal cognitively and behaviorally. Sexual lives of persons with different social gender and sexual orientation (LGBT) requires considering different equations and behaviors in their relationships.

Some of the transsexual individuals change their gender and make their biological gender aligned with the social gender they feel. Others

prefer living with the dressing style they feel without doing anything with their own biological genders or prefer a dressing style in accordance with their biological genders. They can psychically have heterosexual, homosexual or bisexual orientation depending on the possibility of erotizing the opposite sex, same-sex or both genders in their sexual orientations.

A transsexual (trans woman) that feels herself as female in male body prefers having sexual intercourse with a man. When a trans woman lusts for another man, a visually homosexual equation comes out. It is hard for a heterosexual man to admit this situation. A trans woman is more likely to be accepted by a heterosexual man after changing her gender. Another possibility for a trans woman is that a man that fulfills her desire is homosexual and he desires male body of the trans woman. This case is not acceptable for a trans woman.

A similar observation can be made for a transsexual (trans man) that feels himself as male in female body, as well. If a trans man lusts for another woman, a psychically heterosexual, visually homosexual equation comes out. It is less likely for a heterosexual woman to fulfill this lust in a positive way. If a trans man changes his gender, he is highly likely to have a heterosexual relationship with another woman. Another possibility is that he lusts for a lesbian woman without realizing the situation. Lesbian woman may accept the lesbian intercourse with another woman without realizing that she is transsexual. However, the psychical equation causes contradiction for both of them. Heterosexual relationship equation for a trans woman doesn't make a homosexual relationship equation for the lesbian woman.

If psychic equations don't coincide, they may bring along different relational and sexual problems for both individuals. Cases such as their preference for coming together only for sexual intercourse can be examples for these problems. In this case, the couple may have difficulty in achieving psychological satisfaction. Therefore, desire of a transsexual individual to be a couple and her sexual life bring along different contradictions and problems.

In respect thereof, sexual behaviors of homosexuals take place in accordance with sexual arousal stages (arousal, plateau, orgasm, resolution) defined by Master and Johnson. Sexual interaction of lesbians takes place through such actions as mutual fondling, kissing, arousing sexual organs orally, rubbing their bodies against each other, rubbing the body of the partner with her sexual organ, rubbing the partner's pubis with her pubis and arousing their clitoris mutually, penetrating into vagina using sex toys or prosthetic penis. Arousing the sexual organ of the partner and masturbation in lesbians mostly allow for orgasm (11).

Although gays and lesbians tend to make a regular couple life, they can hang out and have sexual intercourse with many partners. Various studies show that gays and lesbians can easily recognize each other and they are highly likely to have sexual intercourse easily (12).

METHOD

Mehtap, clinical history of whom is handled in this study, applied to the clinic to get help for the conflicts she has with her partner on her couple and sexual life and the problems arising from them. Thus, therapy reviews has taken shape based on the client's complaints. Firstly, couple and sexual life are dealt. Then, sexual orientation and social gender identity are handled based on the data on sexual life. The client realized that she had difference in her social gender identity and the sexual identity was reshaped. Accordingly, the relationship that she defined as lesbian relationship turned into heterosexual relationship psychically and caused her to question the future of her lesbian relationship.

This study is fundamentally based on case study. 15 interviews are conducted about the case within the therapy. The information given by the client in the sessions is organized as research data after the therapy process is over. The data are organized thematically and chronologically, and clinical history of the person is obtained (13). This history is analysed by using content analysis method (14). The clinical history that is obtained is compared to the framework mentioned in the introduction section theoretically.

Sexual orientation of the case is evaluated according to Kinsey Sexual Orientation Scale (Table 1) and the qualitative data that she mentioned. Her gender identity is examined according to the diagnosis criteria of "Dissatisfaction with the gender" in DSM-V (Table 2, Table 3).

Table 1. Kinsey Sexual Orientation Scale

0	Only heterosexual
1	Mostly heterosexual and homosexual when occasion serves
2	Dominantly heterosexual but more occasionally homosexual
3	Equally heterosexual and homosexual
4	Dominantly homosexual but more occasionally homosexual
5	Mostly homosexual and heterosexual when occasion serves
6	Only homosexual

Table 2. Diagnosis Criteria of Complaint of (Dissatisfaction with) Sexual Identity in Children (DSM-V)

A. Significant incompatibility between the gender identity a person reflects and the gender identity determined for him or her which lasts for at least six months and manifests itself by means of at least six of the following criteria (one of them must be A1 diagnosis criterion):

1. To long for being of the opposite sex or to resist being of the opposite sex (an option that is different from the sexual identity determined for him or her).
2. In boys (determined gender identity), there is a very strong desire to wear the opposite-sex apparels or feminine clothes; in girls (determined gender identity), there is a desire to wear only masculine clothes and strong insistence on not wearing feminine clothes.
3. The child longs for taking place of the opposite sex in imaginative or fantastic plays.
4. The child desires to play with the toys, plays or activities that the opposite-sex plays.
5. The child longs for choosing his or her playmates from the opposite sex.
6. In boys (determined gender identity), there is an opposition to masculine toys, plays and activities and significant evasion from rough-and-tumble plays; in girls (determined gender identity), there is a significant opposition to the toys, plays and activities that girls play.
7. Strong dissatisfaction with his or her sexual anatomy.
8. Strong desire for primary and/or secondary sexual features matching the gender identity the person has.

B. This situation brings along a clinically significant distress or this situation disappears by reduction in social functionality, school or other important areas of functionality.

Table 3. Diagnosis Criteria for Complaint of (Dissatisfaction from) Gender Identity (DSM-V)

A. Significant incompatibility between the gender identity a person reflects and the gender identity determined for him or her which lasts for at least six months and manifests itself by means of at least six of the following criteria:

1. A significant incompatibility between the identity reflected by a person and primary and/or secondary sexual features (or secondary features expected in teenagers).
2. Strong desire to get rid of primary/or secondary sexual feature (or desire to prevent development of expected secondary sexual features in teenagers) due to incompatibility between the gender identity reflected by the person and the determined gender identity.
3. To long for primary and/or secondary sexual features of the opposite sex.
4. To long for being of the opposite sex (or an option other than the gender identity determined for him or her).
5. To long for being treated as if he or she is of the opposite sex (or an option other than the gender identity determined for him or her).
6. Strong belief in having the emotions and reactions unique to the other sex (or an option other the gender identity determined for him or her).

B. This situation brings along a clinically significant distress or this situation disappears by reduction in social or occupational functionality, or other important areas of functionality.

CASE STATEMENT

Mehtap is 45 years old, university graduate and her biological gender is female. She got married once and then she got divorced. She has no children. She was born in Izmir. Her mother and father are teachers and she has a 48-year-old brother. In the first interview, she identified her sexual orientation as lesbian. Mehtap said that she has been having a dating life and sexual intercourse with 32-year-old Serap for a year. Mehtap and Serap live in different houses. Permission of the both clients is obtained for case report.

Reason for Clinical Interview: Mehtap and Serap applied to the clinic for vaginismus problem of Serap. The couple that have spent one year have pleasure in having sexual intercourse. Serap is 32 years old and a virgin. She wants Mehtap to deflower her and she expects penetration; however, she reflexively prevents Mehtap from penetrating into her vagina by hand or other sex toys. Their sexual lives remain limited to fondling, rubbing, and arousing the sexual organs by hand and orally. Serap thinks that she will have more pleasure if there is penetration. Sexual stories of the couple reveal that Serap has vaginismus problem. Vaginismus problem is dealt by means of sexual therapy techniques.

In this study, the reason we deal with Mehtap as a case is that she began to question her sexual orientation and gender identity in her relationship with Serap. That her lesbian friend has made sentences to her such as “my husband”, “deflower me my husband” since the beginning of

their relationship made her feel like a man and began to question her social gender identity. At first, she asked questions such as "Am I a woman or man?", then "Am I lesbian or transsexual?" and she asked for psychological interview to enlighten them.

Childhood and puberty period of Mehtap

Her childhood and puberty period passed in an environment where families were at upper socio-economical level and upper educational level. Although their financial status was fine, they were limited due to the fact that her parents were parsimonious. She couldn't find the opportunity to act at will particularly in her puberty period due to the fact that her family was well-known and notable in their environment.

Mehtap said that her parental relations were problematic and conflicting. She defined her father as a man that try to be dominant, never manages his anger, is pretty clever and so selfish, and never has respect towards her mother. She defined her mother as a woman that spent her life in misery and is exposed to violence, pretty clever, naïve and helpful. She said that her father frequently inflicted violence on her mother at home. She had to protect her mother at a rather early age, and she had the feeling to protect her mother at 5-6 years old. She said that she felt close to her mother, but her mother didn't exhibit her love, she didn't hug and touch her when she was a child. She feels hatred towards her father and calls him by his name. She wanted to kill her father, but she gave up those plans considering that her mother would be left alone. By the reason of her bad family environment, she jumped out of a building and attempted to suicide at 7 years old. She comments her going back to home after staying alive as despair and helplessness.

Her gender identity has brought to mind many questions beginning from a very early age. Although she knew that she is in a girl body (biological gender), she hasn't expressed that she is a girl (social gender). She realized that her female gender is not compatible with her, but she couldn't make sense of it. Beginning from the age of three of four, she preferred toys such as guns and cars that boys play and only played with boys. She didn't like the toys and plays that girls play, she hated girl's clothing beginning from a very early age, she didn't wanted to wear tights and skirts. When she started school at seven years old, she began to resist to the expectations on social girl role from her, she wore trousers instead of tights with her school clothes (apron), she had short hair. She hated from her mother's treatment towards her as a girl and she frequently argued with her mother on this matter. Although she knows that she is in a girl's body, she never told that she is a girl. When she was young, she couldn't differentiate between aspiring boys and feeling as a boy. When she was nine, she began to be defined as "tomboy". Although she saw that the girls around her are different, she couldn't make sense of it.

In her puberty period, she met with a couple of boyfriends, but she didn't feel any sexual interest on boys. Although she knew that the girls around her are different from her, she couldn't really understand her gender. She wore masculine clothes, so her mother kept on trying to make her look like a girl, and she forced her to have plastic surgery on her face. Although she didn't feel herself as a girl, she couldn't express that even to herself. Therefore, she said that she wasn't aware of her gender identity. She construed her not feeling as a woman and her masculine look as "butch". She suppressed her feeling even if she wasn't satisfied with her female body.

She doesn't remember anything about her sexual orientation in her childhood period. She preferred to play with boys, but she didn't like a boy or a girl. She didn't have any sexual interest on any gender. At the age of 17, she realized that she likes women for the first time, she thought she is a lesbian and likes women. However, she didn't have any relationship for not being able to ask out to any girl.

She discovered sexuality when she was exposed to her father's harassment. One day when her mother wasn't at home, her father showed her his penis, and then she forced her not to tell that to her mother. She told her mother what happened, but her mother didn't believe her. Then she tried not to be alone with her father. She is still angry with her mother due to her being weak, not divorcing from her father, not protecting herself and not believing what she told her. She realized that she likes women, but she didn't have a girlfriend. She only kissed with one boyfriend; she didn't have any sexual activity apart from that. In the meantime, she discovered her vagina and the pleasure she gets and she frequently masturbated by looking at women's photographs. The fact that she realized she likes women became evident when she went to university (at 17 years old). She was harassed by her brother-in-law in her puberty, he frequently tried to hug her from behind and hold her boobs tight, she felt his penis, she tried to touch her legs. She told her mother what she experienced, but her mother wanted her not to tell that to anyone.

She started her education in a small state school, the fact that her mother and father were teachers made her privileged in the school. After she started school, she had boyfriends. Her plays completely changed together with them. She played more active boy's game with guns and cars. She said that her boyfriends frequently told her she is a "tomboy".

She said that she had medium grades in her high school life, the fact that her teachers and parents know one another caused pressure on her in the school environment. While she was a regular student in the class, she showed herself up in social

activities. She talked about technology, football and playstation with boys and she spent most of her time in boy groups. She had boyfriends in her high school period, and she only kissed with one of them. She realized that she gets along very well with boys, but she couldn't take them as lovers. She couldn't have close friendships with girls. She didn't have many girlfriends for getting bored with matters such as fashion and lovers.

Adulthood Period: Mehtap moved to another city for university education at 17 years old. The fact that she started to study in a metropolitan city changed her life, experiences and environment. The fact that she got away from family pressure became an opportunity for her to try everything. Her bonds with her family weakened at first. She had a little communication with her family and she only meet them on long holidays. In her life following her marriage and divorce, she came back to her family to look out for her mother and protect her against her father, and moved into the flat under their home. She always calls her father by his name; therefore her reaction against her father still goes on. She expressed that she meets all her mother's needs and she gets too tired. She has little communication with her brother.

Her questioning the gender identity continued, but she couldn't make a clear definition. The fact that she got into university and went to the metropolitan city became a turning point for her life. She began to understand that she likes women when a girl kissed her when she was 17 years old. She accepted herself as a lesbian that wears masculine clothes but likes women. She changed her dressing style because of beginning to live with her girlfriend in the same house and spend time together all the time. Although she was previously wearing shorts, t-shirts and hat and having a short hair, she began to grow hair and use nail polish. But she never wore skirt and dress. She thought that long hair and nail polish is not suitable for her. The fact that she spends time continuously with the same girlfriend drew attention of her family and she began to have relationships with men. She tried to be a woman, she tried to feel herself as a woman, and she didn't protect herself in her sexual intercourses and had 6 abortions. In spite of all her efforts in trying to be a woman, she received feedbacks that she is masculine in her environments. At 30 years old, Mehtap underwent a hysterectomy surgery due to cyst formation in her ovary. She chose that surgery although there wasn't any obligation for hysterectomy. She expressed that she realized she actually tried to eliminate her womanhood by having her uterus extracted.

Recently, she considers changing her gender through surgery after admitting her transsexuality. However, she gave up that idea considering that realizing this dream is pretty difficult, her mother and father and her environment would have difficulty in admitting this situation, and her career would be imperiled. Only her three close friends know her gender identity and she doesn't think of telling this to anyone else.

She said that her sexual orientation was completely settled in her adulthood period and defined herself as a lesbian. Now, she keeps from her environment the fact that she likes women.

Although she had sexual intercourses with lesbian women, she also had sexual experiences with men, as well. Her first sexual intercourse experience with a man took place at 19 years old. She didn't have any orgasm in that relationship. She also tried sexual intercourse with other men, but she didn't take pleasure and detested having relationships with other men. She had long-term relationships with her women partners. Mehtap told that she didn't like touching her own body, boobs and hips, and doesn't let her partner touch those places. She prefers to masturbate with sex toys and have orgasm.

When her family forced her to marry and start a family, she married to her closest boyfriend. She didn't hold a traditional wedding. She wore wedding gown, but she felt restless. Immediately after the wedding, she had her hair buzz cut. She regarded the man she married as a home mate, not as a husband. She said that they wore the same clothes, they went to the same hairdresser, they played playstation together, they talked about subjects such as technology and football. The fact that her partner didn't have much sexual drive, he satisfied himself through oral sex and they didn't have an active sexual life became an advantage for Mehtap. She thinks that they did that marriage to conceal the fact that her partner is a gay and they concealed both of their sexual orientations because of his being a very close boyfriend.

Although she and her partner didn't want to have a child, they adopted a child due to their families' pressure on them to have a child. Her desire to feel herself like a woman motivated her to adopt a child. She remained in between desire to be a woman and not desiring to be a mother. Her partner's family severely criticized them for not being able to have a child and caused them to get divorced. The child she adopted stayed with her partner after the divorce. She became a foster family for another child again. She didn't want to give birth; she played a father role to the adopted children rather than a mother role. She said that she couldn't plait her daughter's hair ever, she failed to buy gaudery clothes for her. She said that she married and adopted a child only for getting rid of the social pressure. She defined herself as mentor rather than being a mother or father to her children.

After the divorce, she had different long-term relationships with women. She had relationships with men when she didn't have a lesbian relationship and only allowed oral sex. Nowadays, she still finds penetration of a man's

penis into her vagina disgusting and prefers to have orgasm through oral sex. She had a relationship with a lesbian which lasted for 10 years. According to Mehtap, she had to suppress her masculine attitudes and desires in order to meet her partner's expectations; thus, she was retarded to realize her transsexual identity. Therefore, she feels appreciation for supportive attitudes of her current partner.

She said that she has a pleasure-based and orgasmic sexual life with her latest lesbian partner. She also stated that their sexuality is a significant part of their relationship, they have it frequently and they can easily talk about sexual matters. Vaginismus problem of her partner doesn't allow her to penetrate into her vagina and causes her to have orgasm late. They use sex toys in their sexual interactions. Oral sex, masturbation and rubbing constitute their main stimulating activities. They share their sexual fantasies with each other and they mostly realize them. They have sexual intercourse at least four times a week. Both of them put emphasis on foreplay. When the sexual intercourse is over, Mehtap exhibit postcoital behaviors on her such as having a talk with her, complimenting, fondling her hair and body, making her sleep. Before, during and after the sexual intercourse, her partner regards her as "man" and wants her to deflower her like a man.

DISCUSSION

By means of the case-specific data that are obtained from the therapy sessions social gender, sexual orientation and exhibition of sexual behavior are dealt. Mehtap didn't express any abnormality on her own biological structure and functioning. She only has a hysterectomy history at her own will. Comparison of the clinical history of the case by using the diagnosis criteria of "Complaint of (Dissatisfaction with) Gender Identity in Children" and "Complaint of (Dissatisfaction with) Sexual Identity in the Young and the Adult" reveals that there is an incompatibility in her sexual identity in both her childhood and adulthood periods. Refusing the clothes, toys and plays that are compatible to girl identity, staying in the opposite-sex group in her school years, attitudes that are not compatible to her own sexual identity in her puberty and adulthood and preferring the clothes, toys and plays that are specific to boys, exhibiting behaviors that are specific to men in her adulthood reveal the formation of transsexuality in her sexual identity. The case realized this difference, but she couldn't make sense of it. Her bad parental relations, getting a position that protects her passive mother, refusal of mother/woman identity and her inability to identify herself with her mother can be regarded as the reason for her identifying herself with male identity rather than a female identity. The fact that she settled in her family home and meeting all her mother's needs reveal that she got the position of a son rather than a daughter. Inability to identify oneself with his or her same-sex parent in transsexual and homosexual histories leads to differentiations in social gender identity and sexual orientation. Another significant fact is the incest sexual assault and harassment cases she had in her childhood and youth. Such assaults may cause the sexual orientation and sexual identity to be formed differently (15). The client had sexual interactions with boys and girls beginning from the puberty, but she didn't have pleasure in her experiences with boys. There are quite a lot of individuals that have sexual interaction with both sexes in their puberty period (16). The client's sexual interest in and experiences with women during her transition into adulthood caused her to define herself as lesbian. That a girl kissed Mehtap in the university years confirmed that Mehtap likes women. The client cannot be completely defined as a lesbian according to Kinsey Sexual Orientation Scale. Although homosexuality is dominant, she had heterosexual relationships when occasion served.

It is observed that marriage and couple life of the client were problematic depending on her social sexual identity and sexual orientation. She couldn't identify herself as woman and mother in the heterosexual relationship and she got divorced. The fact that she expressed she played a father role for her both adopted children rather than a mother role confirms that her gender identity is male.

Mehtap identified herself has masculine-looking lesbian until the age of 45. She had to act as woman for her partners not to refuse her. In the psychical equation concept mentioned in the introduction section, she tried to satisfy lesbian intercourse desire of the other party; she couldn't make sense of her transsexual identity and suppressed it. Her relationship with Serap caused her to face with her transsexual identity. The fact that Serap put her in man's place, she wants her to act masculine, she calls her with the terms in compliance with her male identity within the framework of affinity and social gender caused her to face with transsexual identity. This confrontation in the psychotherapy process has come to the fore more strongly and dealt in company with the psychotherapist. The client admitted her transsexual identity taking all of her life story into consideration and identified her own gender identity as "a male in the body of a female" instead of "transsexual" at the first stage. The client is repulsed by the butch or transsexual look. Therefore, she exhibited somatic symptoms such as nausea and vomiting in the talks about her being transsexual initially. Since the matter of transsexuality has come to the fore, she began to have problems such as tumbling out of bed, sleep-onset insomnia and breath holding during sleep and somatic problems such as headache and vomiting. As the psychotherapy process proceeds, transsexuality has become acceptable and the

complaints disappeared. The cases that feel difference in their social gender identity at later ages and change their gender are encountered. Mehtap expressed that she didn't want any surgery to make her body compatible with the male identity that she feels considering her age, family life, social environment and business life. Nevertheless, she began to exhibit more masculine attitudes and manners. She preferred more masculine clothes, she began to wear men's underwear, she bought clothes from men's section in shopping more comfortably, she had shorter haircut, and she distributed traditional roles in her relationship with her partner and assumed the responsibility of man.

The fact that the client assigned her social gender identity as male and identified an accepted herself as a trans woman helped her make sense of some of her behaviors in her past and current sexual life. She identified her uterus as refusal of her female identity. Sexual life of the case matches up with her behaviors and sexual interactions that are observed in her lesbian sexuality. Mehtap refuses to penetrate into her own and her partner's vagina and touch her own hips and boobs. It can be hypothesized that she may refuse to touch the vagina, hips and boobs because of being erogenous zones specific to females (17) and being sexual organs. She is highly likely to refuse arousal and penetration of the zones specific to female sexuality without even realizing it. Only external arousal by hand or tongue makes her have orgasm. The sexual harassment she was exposed in her childhood and puberty periods, particularly the fact that her brother-in-law fondled her boobs and hips may lead to abstraction of these zones from sexuality. Touching and arousing the relevant body zones may remind the sexual harassment (flash-back) and the person doesn't want these zones to be aroused.

The fact that her partner is virgin and calls her "my husband" generates excitement on her depending on her male social gender identity. She combines the feeling of deflowering and being a man by reason of the fact that deflowering a young person brings responsibility, so she refuses to penetrate into her vagina. According to another hypothesis, she doesn't want to do this on the grounds that penetration into the partner's vagina is one of the key features of male sexuality and there is a possibility that a lesbian woman may refuse sexual intercourse with a man or transsexual woman. Virginity of her lesbian partner allows Mehtap to have sexual intercourse without penis. When she is deflowered, she would have a desire for penis and this would cause her feel deficiency in Mehtap's trans woman identity. Mehtap may have the feeling of deficiency or penis complex due to not having a penis. Being a trans woman potentially poses a risk of losing the partner. Therefore, future of the lesbian relationship matters in this case. Acceptance of social gender identity changes the psychical equation in the lesbian relationship. Lesbian-lesbian relationship turns into a trans woman-lesbian relationship. This case is stated to Mehtap in the psychotherapy process and she is asked if she would share this fact to her partner. At first, she disapproved of stating the fact considering her partner would leave her. She stated that she wants to be with her although the psychical couple equation has changed for both herself and her partner. Then, she preferred to be honest in her relationship and she explained the situation to her partner under the courtesy of the psychotherapist. Her partner said that she would continue her lesbian relationship with Mehtap that she has known as lesbian and fallen in love providing that she wouldn't change her gender. Mehtap decided to continue the relationship on condition that she allows her to undergo breast reduction surgery, she doesn't demand her to penetrate into her vagina in their sexual intercourse and touch her boobs.

CONCLUSION

Case studies enable to examine the research subject in detail by means of related theories and concepts. Still, a lot more cases must be handled together for generalization. The case we analyse enables us to analyse the female gender identity and its constituents through her own clinical history. It also paves the way for observing lesbian relationship and its sexual attitudes and behaviors. Virginity in a lesbian relationship, the first sexual intercourse, sexual attitudes and sexual problems such as vaginismus are dealt and studied.

The fact that a woman that identifies herself as lesbian is insistently called by her partner by affinity and social gender terms compatible with her male identity and the partner's demand for deflowering caused her masculine feelings to arise and question her own sexual identity. Therefore, both her lesbian orientation and transsexual identity are analysed and the case has identified herself as a transsexual woman (a male in a female body) in the therapy process. The change in social gender identity has brought along restructuring her sexual orientation. The psychical equation has changed from lesbian relationship into heterosexual orientation through transsexual identity. Subsequently, future of the lesbian relationship is questioned and her partner wanted to continue her relationship based on the physical appearance.

This case is significant in that it enables to view how social gender, sexual orientation and sexuality are connected and likely to change by means of an individual. Conducting similar studies is significant in order to understand sexual identity, sexual orientation and sexual attitudes and behaviors of the individuals that identify themselves as LGBT and keep them company when required

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