

## *A Recent Study of Transgender Causation*

*Critiqued by Holly Boswell*

Humphrey, G.W. (1989). *Men who cross-dress: The attempt to retain the comforting object*. Dissertation. California School of Professional Psychology, San Diego. University Microfilms, Inc., 300 North Zeeb Road, Ann Arbor, MI 48106.

The findings presented by Glenn W. Humphrey in his doctoral dissertation in psychology, entitled "Cross-dressing in Males: The Attempt to Retain the Comforting Object," are worth examining. This study, for which I volunteered as a subject, seems rather typical of the psychology establishment's attempt—however sincere—to "understand" the transgender phenomenon on its own pre-established, theoretical terms.

I will not attempt to critique Dr. Humphrey's research methods, which seem reasonably defensible within the accepted guidelines, except to question the appropriateness of generalizing this (or any) study's conclusions across a population which is exceedingly diverse. I will, however, respond to the key points of his conclusions from the perspective of a transgendered person who is also a student of psychology.

Humphrey's study supports the theory that both crossdressers and transsexual persons use female clothing as a "transitional object" to achieve calm and soothing, rather than as a fetish for sexual arousal. He explains this as resulting from unresolved childhood separation anxiety with a mother who was inadequate. Anxious attachment to the mother as provider of security was even more intense with pre- and post-op transsexual persons than with crossdressers. Pre-op transsexual persons reported that crossdressing had less of a soothing effect. Humphrey interprets this as a failure of the transitional object, resulting in a "merger fantasy" of sex reassignment surgery to resolve the elusive search for security. However, post-op transsexual persons reported as frequently as crossdressers that crossdressing was effectively soothing. Humphrey concludes from this that SRS may serve only as a

temporary solution to achieve a lasting sense of security.

Humphrey claims that his clothing-to-soothe vs. fetishism findings seriously call into question the DSM III-R classification of transvestism as a paraphilia. He also recognizes that, like a baby taking its mother's breast (or pacifier), there is a sense of excitement that precedes the calm and relaxation. I have observed that most of us who are transgendered go through an initial phase of being aroused by crossdressing, but usually discover broader aspects that progress toward deeper fulfillment and a new sense of identity. We replaced the term "transvestite" with crossdresser because of its association with fetishism, yet the DSM III-R classification remains appropriate for many.

Concerning the issue of crossdressing as "use of transitional object to overcome anxious attachment to the mother": can it really be that simple? My experience (encompassing a population far bigger than Humphrey's test sample) does not support any such preponderance of inadequate mothering, nor limited use of "dressing" as a pacifier. In fact, the very notion of "crossdressing" seems based on a faulty premise. If one comes to identify oneself as transgendered in any way, or even androgynous by nature, hence beyond their biologically-imposed stereotype, then the clothes one chooses to wear are not their mother's, or any one else's but their own. We adapt our wardrobe to suit our evolving sense of self.

It's no wonder to me why post-op transsexual persons report "crossdressing" as soothing. Besides being a welcome confirmation of establishing their rightful gender, it is perfectly natural and enjoyable (hence soothing), and not necessarily any indication that SRS was "a momentary palliative," as Humphrey contents. And perhaps pre-op transsexual persons are not experiencing a failed transitional object, but rather a range of discomforts due to the newness of dressing full-time, heightened anxiety over passing and assimilating, and the shift of focus away from mere "dressing up" to the priorities of corrective surgery and major changes in lifestyle.

But what is more troubling in Humphrey's conclusions is his reinforcement of previous suggestions (Lothstein,

1984; Murray, 1985; Ovesey & Person, 1976) that transvestism and transsexualism are manifestations of "borderline personality disorder." Borderline personality is a category used to describe individuals who have a rather shaky sense of who they are (identity), and whose ambivalence and uncertainty causes exaggerated emotional fluctuations, erratic reactions, disjointed relationships, and other dysfunctions. The lack of a sense of self separate from mother and capable of autonomous ego functioning (i.e. being able to soothe and comfort oneself without external assistance) is proposed by Humphrey as a predisposing factor. These unresolved issues of separation and individuation (becoming autonomous, differentiated, and whole) lead to the borderline level of personality functioning which is especially pronounced in transsexual persons, says Humphrey.

I don't doubt that this sort of diagnosis may be an accurate assessment of some transgendered people. Even so, how does it explain the fact that so many of us who may struggle with and even resolve this and other disorders, still feel the undeniable need to redefine our gender in some way? Borderline personality may be one of any number of causal links for some transgendered people, but why should all of us be seen as dysfunctional? Not only may a personal redefinition of gender be a healthy coping mechanism, I would strongly content that expanding one's awareness and range of gender options past stereotypes and rigid cultural expectations is an evolutionary imperative worthy of voluntary initiation. New trends toward androgyny and egalitarian relationships are hopeful signs that future social structures will reflect human realities and aspirations—not abstract constructs that demand conformity.

Aside from a minority of "borderline" transgendered people, I further contend that most of us have experienced a life-long trial-by-fire concerning who we are. We've been thoroughly tested—sometimes brutally so—and we have come to know exactly who we are in spite of cultural dictates and familial rejection. Far from a "shaky sense of self," we have achieved far more self-knowledge and security than most "normal" people who remain undifferentiated from their culture,

accepting the roles assigned to them without question.

Humphrey advocates that a developmental approach based on "clinical understanding" be used for early identification and appropriate intervention where crossdressing occurs in young people. We can only speculate on what would be deemed "appropriate" by Humphrey and the psychological establishment. Yet all of us who "wish we knew then what we know now" ought to consider how we would advise all these young people struggling with gender issues. Part of their future is in our hands.

*Psychology as Art;  
Psychology as Science;  
Psychology (Unfortunately)  
as Pseudoscience*

*Commentary  
by Dallas Denny*

I was initially reluctant to publish Holly's critique of Glenn Humphrey's dissertation because I knew that if I did so I would feel compelled to write this comment, and I feared what I might say. It was, after all, not a major study, and hardly worth the risk of offending Dr. Humphrey or anyone else. But no moral coward am I; here it is, and damn the torpedoes.

Despite what its critics think, psychology can be as much of a science as any other field with complex, subtle variables. I am trained in applied behavioral analysis, a discipline often maligned and certainly misunderstood. Applied behavior analysts use known characteristics of organisms to modify their behavior in an applied setting. It is useful in a variety of settings, including prisons, amusement parks, and banks, but its most dramatic and obvious effectiveness has been in the training of persons with severe mental retardation. Through the use of single-subject, repeated-measure experiments replicated across behaviors, settings, and subjects, applied behavior analysts have, in the past 35 or so years, built a small but effective armamentarium of techniques which increase and decrease behavior. There is no disputing the effectiveness of these techniques, for they have been demonstrated and replicated, and replicated again. Times may

change, but data do not. This is the essence of science.

Psychology can also be an art. The Freudian psychoanalyst inhabits a world in which behavior is explained in terms of theoretical constructs like transitional objects and castration anxiety and Oedipal conflicts, which give way to measurable symptoms like denial, sublimation, and repression. The clinical psychologist deals with real-life problems of real-life people, using a skill called clinical judgment to deal with complexities which our science is as yet too crude to quantify and qualify. This work is critically important, for it helps the substance abuser, the juvenile delinquent, the exhibitionist, the agoraphobe in ways in which applied behavior analysis and its less scientific cousin behavior therapy sometimes can't. It is an art, a healing gift that requires empathy and that can be learned only with difficulty, and only from an expert.

My problem begins when this art is disguised as a science, as it is in Glenn Humphrey's dissertation, for doing so misleads and blinds (yes, with science) the onlooker to the intellectual sleight-of-hand that is being pulled, and leaves even sophisticated observers breathless and impressed. And it is in this way that much evil is done.

Witness parent-blame theories of autism, homosexuality, and transsexualism. How many mothers and fathers have castigated and punished themselves because they were judged and found guilty by the Bruno Bettelheims and Robert Stollers of this world? And how many transsexual people have believed themselves to be seriously and hopelessly flawed because of Leslie Lothstein, Ethel Person, Lionel Ovesey, and their followers? How much suffering have they caused to people who were already suffering? (And, the behavior analyst in me cries, "Where are their *data*?")

And now Glenn Humphrey adds another howling voice to that of the wolf pack. He categorizes transgendered people as having borderline personality disorder. How can this be? Do people with borderline personality disorders fly airplanes, command armies, deliver babies, write plays, climb Mount Everest? What is borderline about such endeavors? How does one distinguish between a borderline personality graduate student and a non-borderline personality graduate student?

By doing a panty check? Is borderline personality disorder a synonym for transgenderism? Let us hope not, or else all those people out there washing the windshield of your car at mid-city traffic lights may be surprised to learn that they should be dressing up or on hormones.

Humphrey would have done better to have spent more time on his experimental design and less on searching the DSM III-R for an additional stigmatizing label to place on transgendered people. Why did he not compare postoperative transsexual male-to-female people to genetic women? Why did he compare them instead to crossdressers (men, the other gender)? Are other women not the appropriate group against which to measure people who have become in every sense women? Is it any wonder that someone would find clothing which is appropriate for their social role and anatomy soothing? Would any woman not find appropriate clothing soothing? And in the absence of an appropriate control group, what the hell has Humphrey's study done except to place another stone (borderline personality disorder) on the shoulders of transgendered people?

I'm not meaning to be overly critical of Dr. (now Doctor, because he has libeled us!) Humphrey; he was undoubtedly just trying to get out of graduate school. He was required to play an intellectual game, and he did it only too well. He's not morally culpable or a bad psychologist simply because he perpetuated, doubtless with help from his doctoral committee, a fallacy. My complaint is about what his dissertation is symptomatic of and what the "scientific" literature is full of: character assassination of an entire class of people by those sworn to "do no harm."

## References

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