

Shame and Narcissistic Rage in Autogynephilic Transsexualism

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One of the most important contributions made by Dreger's article is her description of the extraordinary lengths to which some of Bailey's male-to-female (MtF) transsexual opponents went in their attempts to discredit him, his book, and his ideas. By Dreger's account, their campaign against Bailey continued for at least two years after the publication of *The Man Who Would Be Queen* (TMWWBQ; Bailey, 2003). Examination of the Internet sites maintained by some of Bailey's principal transsexual opponents suggests that the campaign against him remains ongoing. The attacks, as described by Dreger, went far beyond writing scathing reviews of TMWWBQ. They included orchestration of charges of professional misconduct against Bailey, filed with Northwestern University and the Illinois Department of Professional Regulation; attempts to turn Bailey's colleagues against him; attacks directed against Bailey's children; and efforts to discredit or silence nearly anyone who openly supported him. Dreger's article suggests that many of Bailey's opponents intended not only to discredit Bailey's book, but also to destroy its author. The duration, intensity, and sheer savagery of the campaign waged by many of Bailey's MtF transsexual opponents is astonishing, especially given that Bailey's book sold only about 4200 copies and probably would have received little attention, in either its print or Internet versions, were it not for the publicity that his opponents themselves created.

One could imagine that Kohut (1972) was describing the campaign conducted by some of Bailey's MtF transsexual opponents when he wrote the following:

[There is a] need for revenge, for righting a wrong, for undoing a hurt by whatever means, and a deeply

anchored, unrelenting compulsion in pursuit of all these aims.... There is utter disregard for reasonable limitations and a boundless wish to redress an injury and to obtain revenge.... The fanaticism of the need for revenge and the unending compulsion of having to square the account after an offense are...not the attributes of an aggressivity which is integrated with the mature purposes of the ego.... Aggressions employed in the pursuit of maturely experienced causes are not limitless.... The narcissistically injured [person], on the other hand, cannot rest until he has blotted out [the]...offender who dared to oppose him, [or] to disagree with him. (pp. 380, 382, 385)

These excerpts are taken from Kohut's description of *narcissistic rage*, a concept that I believe is central to understanding many of the attacks against Bailey and their implications.

In this essay, I argue that much of the MtF transsexual campaign against Bailey can be understood as a manifestation of narcissistic rage. It is no coincidence, I believe, that most of Bailey's principal opponents fit the demographic pattern associated with nonhomosexual MtF transsexualism (see Lawrence, 2007). I propose that nonhomosexual (i.e., presumably autogynephilic) MtF transsexuals are probably at increased risk for the development of narcissistic disorders—significant disorders in the sense of self—as a consequence of the inevitable difficulties they face in having their cross-gender feelings and identities affirmed by others, both before and after gender transition. As a result, many autogynephilic transsexuals are likely to be particularly vulnerable to feelings of shame and may be predisposed to exhibit narcissistic rage in response to perceived insult or injury. It is not hard to understand why Bailey's book was experienced by at least some nonhomosexual MtF transsexuals as inflicting narcissistic

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injury and why this led some of them to express apparent narcissistic rage. I propose that narcissistic disorders in autogynephilic transsexuals are important and probably common phenomena, which deserve more extensive study than they have thus far received. I also suggest that clinicians and scholars should be aware of the susceptibility of autogynephilic transsexuals to narcissistic injury and should try to avoid inflicting such injury.

It is widely accepted that transsexualism represents a fundamental disorder in a person's sense of self (Beitel, 1985; Hartmann, Becker, & Rueffer-Hesse, 1997), and this may be particularly true of nonhomosexual MtF transsexualism. Indeed, it is hard to imagine a more dramatic example of a disturbed sense of self than for a person who has lived an outwardly successful life as a man to believe that he genuinely is, ought to be, or would be happier living as a woman. It is not surprising, then, that the field of self-psychology, which is concerned with the diagnosis and treatment of disorders of the sense of self, offers a theoretical and clinical perspective that is relevant to understanding the dynamics of nonhomosexual MtF transsexualism.

Kohut (1971, 1972), one of the most influential theorists in the field of self-psychology, wrote extensively about how individuals develop a stable, cohesive, and positive sense of self. He also discussed the genesis of narcissistic disorders, which can arise when something interferes with the development of a healthy sense of self. Kohut observed that two fundamental processes, mirroring and idealizing, supported the development of a healthy sense of self during childhood and contributed to maintaining a healthy sense of self in adulthood. Mirroring occurs when children or adults experience themselves as being witnessed empathetically (i.e., both accurately and approvingly) by other people. Idealizing occurs when children or adults are able to experience a sense of unity or identity with a person (often a parent) or an entity (e.g., a cause or an ideal) that they perceive as powerful and admirable.

Anecdotal evidence suggests that many nonhomosexual MtF transsexuals do not receive satisfactory mirroring and idealizing experiences, either before or after gender transition, although I am aware of only one article (Lothstein, 1988), limited to three case reports involving preschool boys, that has formally addressed mirroring and idealizing experiences in gender-dysphoric males. Unlike their homosexual counterparts, nonhomosexual MtF transsexuals do not display pervasive femininity during childhood and adolescence, but many exhibit at least some feminine interests and behaviors (for a review, see Lawrence, 2004). The nonhomosexual MtF transsexuals I have interviewed usually report, however, that any feminine characteristics they displayed during childhood and adolescence were not witnessed approvingly. On the contrary, they report that they were criticized, ridiculed, or shamed for displaying feminine interests and behaviors and quickly learned

to conceal them (see also Seil, 2004). Concealed characteristics cannot, of course, be empathetically mirrored and can become an ongoing source of shame. Erotic cross-dressing, which is probably nearly universal in nonhomosexual MtF transsexuals (Lawrence, 2007), is especially unlikely to be empathetically mirrored and is likely to feel especially shameful. Usually it is conducted in secret, which precludes any mirroring. If erotic cross-dressing is witnessed, as in the case of accidental discovery, it is usually met with severe disapproval. The need to conceal elements of the self in order to experience approval from significant others is both a cause and an effect of feelings of shame, and these feelings may be especially intense if the concealed elements are related to one's sexuality (Tangney & Dearing, 2002), as is true in autogynephilic transsexualism.

Nonhomosexual MtF transsexuals may also find it difficult to idealize and identify with parents or caregivers of either sex during childhood and adolescence. The nonhomosexual MtF transsexuals I have interviewed commonly report that they felt distant or estranged from their fathers and male caregivers during childhood. Typically, they say that they felt closer to their mothers, other female relatives, and female caregivers, whom they often idealized. They often report or imply, however, that they were unable to identify fully with these female figures, perhaps due to the many masculine traits and interests they also observed within themselves. Because of an inability to fully identify with women, these autogynephilic transsexuals may be prone to experience their feminine characteristics, including their desire to cross-dress, as ego-dystonic and shameful (Seil, 2004).

After gender transition, the situation often becomes no better and may become worse. Nonhomosexual MtF transsexuals who transition to live as women want to be regarded as women and treated as women. The male-typical aspects of their appearance and behavior, however, often make it difficult for them to be seen as other than transsexual women. Sometimes they may be seen simply as men pretending to be women. This makes it likely that they will experience frequent unempathetic reactions, including overt disrespect or derision, harassment, denial of basic civil rights, or violence, as Dreger observed. Because their feelings of being or wanting to be women are so central to their sense of self, they may experience the negative reactions of others as implying that they are inadequate in a deep and fundamental way, leading to further feelings of shame (Tangney & Dearing, 2002). Autogynephilic transsexuals may also find it harder to fully identify with women after transition than before, because the differences they inevitably observe between themselves and natal women become harder to rationalize after transition. Before transition, these differences can be attributed to the necessity of temporarily maintaining a socially acceptable masculine persona; after transition, when this excuse evaporates, autogynephilic transsexuals may be forced to

confront reality. Nonhomosexual MtF transsexuals often seem to expect that, with enough effort, they will be able to pass undetected as natal women after transition; but because their appearance and behavior are rarely naturally feminine, this expectation usually proves to be unrealistic. Tangney and Dearing (2002) observed that persons prone to narcissistic disorders “typically develop many unrealistic expectations for themselves...that, in effect, set the stage for shame. With each failure to achieve ambitions—ambitions that are often grandiose—the narcissistic individual is apt to feel shame” (p. 72).

If the preceding analysis is accurate, one might expect that narcissistic disorders would be common among nonhomosexual MtF transsexuals. Surprisingly, there is little solid empirical evidence on this point. The few studies that have examined personality disorders among transsexuals usually have found that these disorders in general—and disorders in Cluster B, which includes Narcissistic Personality Disorder (American Psychiatric Association [APA], 2000), in particular—are more common in transsexuals than in nontranssexuals. Most studies, however, either have not reported data on Narcissistic Personality Disorder specifically or have not reported results for MtF and female-to-male transsexuals separately; almost none have reported results for homosexual and nonhomosexual MtF transsexuals separately. The notable exception is a study by Hartmann et al. (1997), conducted with 20 MtF transsexuals, half of whom were androphilic (homosexual) and half of whom were gynephilic (nonhomosexual). Hartmann et al. found “significant psychopathological aspects and narcissistic dysregulation in most of our [MtF] gender dysphoric patients.” Both homosexual and nonhomosexual MtF transsexuals displayed levels of narcissistic pathology that were similar to, or slightly higher than, a clinical sample of patients with nonpsychotic psychiatric problems, including some patients with narcissistic disorders. Hartmann et al. used cluster analysis to assign their transsexual participants to one of four categories, representing different patterns of narcissistic pathology. Their category of greatest interest is “the classic narcissistic self,” which encompasses most of the traits associated with Narcissistic Personality Disorder. Hartmann et al. observed that “gynephilic patients are higher (but not statistically significant) in... the ‘classic narcissistic self,’ which is largely due to high scores in the scale ‘narcissistic rage.’” This finding confirms that high levels of narcissistic rage are present in at least some nonhomosexual MtF transsexuals.

It is certainly not difficult to find evidence of narcissistic personality traits, including a sense of entitlement, grandiosity, and lack of empathy (APA, 2000), in some of Bailey’s principal MtF transsexual opponents. Perhaps the most obvious of these is a sense of entitlement, the belief that one is deserving of special treatment. This is evident, for example, in their outrage that Bailey described them in a way they felt was

inconsistent with their identities and in their belief that Bailey had an obligation to address what they believed to be evidence for a “third type” of MtF transsexual. A sense of entitlement is also evident in the demand some of them made that the Harry Benjamin International Gender Dysphoria Association conduct an investigation of Bailey. The grandiosity of some of Bailey’s opponents comes across most clearly in the Internet sites that some of them maintain, which contain, for example, claims of their supposed ability to pass undetected (in “deep stealth”) as natal woman, despite the presence of many unmistakably masculine features, and reports of their discovery of supposed facts about transsexualism that have escaped the notice of other researchers for decades. Their lack of empathy is most apparent in their utter disregard for the feelings of the persons they attacked, with the attack on Bailey’s children providing perhaps the most egregious example.

The grandiose, unrealistic sense of self that is characteristic of many persons with narcissistic disorders can be understood as a defense against what would otherwise be overwhelming feelings of inadequacy or shame (Kohut, 1971). In the case of nonhomosexual MtF transsexuals, this unrealistic sense of self might include the belief that one passes undetectably as a woman, despite having unmistakably masculine physical characteristics; that one has a “female brain” in one’s male body, despite having male-typical interests and attitudes; that eroticism had nothing to do with one’s gender transition, despite an extensive history of cross-gender fetishism; and that one is exclusively sexually attracted to men, despite a past history of attraction to, and sexual activity with, women. Although there may be a temptation to disparage this unrealistic sense of self, it is arguably preferable to some alternatives, which might include a life of “empty” depression, overwhelming feelings of shame leading to suicide, or returning to an unsatisfying and unfulfilling life as a man.

An action that threatens to disrupt the grandiose, unrealistic sense of self that many narcissistic persons maintain is experienced as a narcissistic injury. Kohut (1972) noted that narcissistic rage—the disproportionate, compulsive pursuit of revenge that seeks to obliterate both the offense and the offender—is one of two possible responses to narcissistic injury: “It is easily observed that the narcissistically vulnerable individual responds to actual (or anticipated) narcissistic injury either with shamefaced withdrawal (flight) or with narcissistic rage (fight)” (p. 379). Tangney and Dearing (2002) pointed out, however, that rage is by far the more effective response for reconstituting a damaged sense of self:

Feelings of self-righteous anger can help the shamed person regain some sense of agency and control. Anger is an emotion of potency and authority. In contrast, shame is an emotion of the worthless, the paralyzed, the ineffective. Thus,...by turning their anger outward,

shamed individuals become angry instead, reactivating and bolstering the self (p. 93).

So, narcissistic rage, although very unpleasant to experience, is nevertheless an understandable response to perceived narcissistic injury.

Why did so many of Bailey's MtF transsexual opponents appear to experience TMWWBQ as inflicting narcissistic injury? Bailey's presentation of Blanchard's concept of autogynephilia, and the transsexual typology and theory of transsexual motivation associated with it, seems to have been the real focus of most of the anger directed against the book. In oversimplified form, Blanchard's theory might seem to imply that nonhomosexual MtF transsexualism is little more than sexual fetishism. Because most of Bailey's principal opponents fit the demographic pattern associated with nonhomosexual MtF transsexualism, Blanchard's ideas probably seemed utterly inconsistent with their sense of self. But Blanchard's ideas were hardly new they had first been presented some 15 years earlier. So, why was the reaction against TMWWBQ so intense? I believe there were several reasons

First, Bailey's summary of Blanchard's ideas was, as far as I am aware, the first to appear in a book intended for general readers and was, therefore, harder to ignore; previous presentation of Blanchard's ideas had been limited to scientific journals, textbooks, and a few Internet essays. Moreover, Bailey presented Blanchard's ideas in uncompromising terms: not just as a theory with strong empirical support and powerful explanatory value, but as the defining truth about MtF transsexualism. Anyone who rejected Blanchard's theory, Bailey seemed to imply, was either ignorant or a fool. Finally, Bailey made little effort to describe MtF transsexuals in an empathetic, affirming way. Admittedly, he had some complimentary things to say about his two main informants, Terese and Cher, and he was a strong advocate for the availability of sex reassignment surgery to both types of MtF transsexuals. But his characterization of autogynephilic transsexuals as unwomanly ("there is no sense in which they have women's souls"; Bailey, 2003, p. xii), as not "primarily" (p. 167) having a disorder of gender identity, and as untruthful (pp. 172–175) undoubted struck many of his MtF transsexual opponents as insensitive at best and gratuitously insulting at worst. His statements implying that many or most homosexual MtF transsexuals are prostitutes (p. 184) or shoplifters (p. 185) certainly made the situation no better, if only by suggesting a pattern of disrespect. In short, it is not hard to see why many of Bailey's MtF transsexual opponents experienced his book as inflicting narcissistic injury and why they reacted with narcissistic rage.

What conclusions can be drawn from the foregoing analysis? First, I propose that there are good theoretical and clinical reasons for believing that narcissistic disorders are prevalent among nonhomosexual MtF transsexuals. At present,

however, there is little solid empirical evidence to support this belief. I suggest that this would be a promising area for additional research, especially because the results could have important clinical implications. Meanwhile, clinicians and scholars should perhaps be more aware that angry reactions they elicit from nonhomosexual MtF transsexuals might represent narcissistic rage, rather than mature, instrumental anger. This awareness might aid in interpretation and also facilitate empathy.

Second, I suggest that clinicians and scholars should be aware of the susceptibility of autogynephilic transsexuals to narcissistic injury and should try to avoid inflicting such injury through insensitivity or carelessness. Virtually all transsexuals are likely to have been shamed and criticized for their gender variance before transition, and virtually all transsexuals—but perhaps especially autogynephilic transsexuals—are likely to encounter subtle or blatant disrespect, harassment, discrimination, or violence after transition. Autogynephilic transsexuals undertake painful and expensive treatments and often suffer severe losses in their efforts to live in a way that feels authentic and vital. They deserve sensitive, respectful treatment that reflects an awareness of the narcissistically wounding experiences they are likely to have suffered in the past. In particular, we should use care, and perhaps even forbearance, in our choice of descriptive language. I have suggested, for example, that it might be helpful to begin to describe autogynephilic transsexuals as persons who want to "become what they love" (Lawrence, 2007), as an alternative to more stigmatizing descriptions.

Finally, attention to sensitivity and respect in descriptive language might eventually make it easier to conduct the research that will lead to a better understanding of autogynephilic transsexualism. Largely due to the polarized climate created by the controversy over TMWWBQ, such research would be difficult, if not impossible, to conduct at present. But, if clinicians and scholars make a concerted effort to think about, speak about, and write about autogynephilic transsexualism with sensitivity and empathy, the climate for such research might eventually improve.

References

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text revision). Washington, DC: Author.
- Bailey, J. M. (2003). *The man who would be queen: The science of gender-bending and transsexualism*. Washington, DC: Joseph Henry Press.
- Beitel, A. (1985). The spectrum of gender identity disturbances: An intrapsychic model. In B. W. Steiner (Ed.), *Gender dysphoria: Development, research, management* (pp. 189–206). New York: Plenum.
- Hartmann, U., Becker, H., & Rueffer-Hesse, C. (1997). Self and gender: Narcissistic pathology and personality factors in gender dysphoric patients. Preliminary results of a prospective study. *International*

- Journal of Transgenderism*, 1(1). Retrieved September 21, 2007, from <http://www.symposion.com/ijt/ijtc0103.htm>.
- Kohut, H. (1971). *The analysis of the self: A systematic approach to the psychoanalytic treatment of narcissistic personality disorders*. New York: International Universities Press.
- Kohut, H. (1972). Thoughts on narcissism and narcissistic rage. *Psychoanalytic Study of the Child*, 27, 360–400.
- Lawrence, A. A. (2004). Autogynephilia: A paraphilic model of gender identity disorder. *Journal of Gay & Lesbian Psychotherapy*, 8(1/2), 69–87.
- Lawrence, A. A. (2007). Becoming what we love: Autogynephilic transsexualism conceptualized as an expression of romantic love. *Perspectives in Biology and Medicine*, 50, 506–520.
- Lothstein, L. M. (1988). Selfobject failure and gender identity. In A. Goldberg (Ed.), *Frontiers in self psychology* (pp. 213–235). Hillsdale, NJ: Analytic Press.
- Seil, D. (2004). The diagnosis and treatment of transgendered patients. *Journal of Gay & Lesbian Psychotherapy*, 8(1/2), 99–116.
- Tagney, J. P., & Dearing, R. L. (2002). *Shame and guilt*. New York: Guilford Press.