

## Draw-A-Person Test: Implications for Gender Identification

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*Human figure drawings were collected from 50 gender dysphoric adults and compared with the drawings of 84 adult evening-school students and college sophomores. The gender dysphoric males drew a person of the opposite sex first more often than the control group males ( $p < 0.001$ ). The gender dysphoric females drew a person of the opposite sex first more often than the control group females ( $p < 0.05$ ). Results are discussed in light of existing literature on the DAP and gender identity formation.*

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**KEY WORDS:** Draw-A-Person; gender dysphoria; gender identification; transsexual; projective tests.

### INTRODUCTION

There have been a number of attempts to validate the Draw-A-Person test (DAP) as an effective projective measure of sexual identity. There is much controversy over Machover's (1949) contention that the sex of the first-drawn figure on the Draw-A-Person technique is related to the drawer's psychosexual identity (Apfeldorf *et al.*, 1966; Roback *et al.*, 1974; Skilbeck *et al.*, 1975). Machover assumes that if the sex of the drawer's first figure drawing is opposite to the drawer's anatomical sex, then there is strong likelihood of the subject's being sexually maladjusted. Although Swenson (1955, 1957) and others were critical of this position, the trend in the literature supports this contention

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(Frank, 1955; Gravitz, 1966; Heinrich and Triebe, 1972; Swenson, 1968). A partial resolution of this controversy resides in the search for differences in initial drawing between groups with and without gender dysphoria. Fisk (1975) defined gender dysphoria as encompassing selective clinical situations, psychosocial symptoms, and behaviors that are presented by troubled and often desperate patients seeking a gender reorientation, often including a desire for surgical intervention.

The present study was designed to explore DAP and psychosexual identity issues from a new theoretical standpoint. By comparing a so-called normal population to a gender dysphoric population in terms of the sex of the human figure drawings, two important foci emerge. First, such a study could provide further support or disconfirmation of Machover's (1949) original hypothesis. The use, in some past studies, of homosexual subjects as examples of people with sexual identity problems has served to cloud the issue (Swenson, 1955, 1957). Since many homosexuals regard themselves as men or women who simply prefer to have sex with like-sex individuals, it is an unwarranted assumption that they are simply men with a female orientation or women with a male orientation. In the case of gender dysphoria, however, it is clear that the persons involved have a clear desire to "pass" as members of the opposite biological sex and to be accepted in that role. Second, the present study sought to provide empirical data to facilitate the validation of the use of DAP figure sex as a diagnostic aid in the differential assessment of gender identity disorders. Such diagnostic use has been advocated on a face-validity contention of clinicians but has not been well documented empirically.

One study which offered some empirical data on DAP use (Money and Wang, 1966) had methodological difficulties which reduced its overall impact. In that study, persons with gender dysphoria, persons with Klinefelter's syndrome, and boys experiencing precocious puberty were compared with matched controls consisting of college students, institutionalized patients, and normal boys. In the final data analysis, the Klinefelter's patients were grouped with the gender dysphoric subjects and the DAP scores of this pooled group were found to differ from those of normals. While that seems to offer support to the concepts noted above, the overall impact of the study is weakened on several bases.

To begin with, Money and Wang (1966) discuss subjects with diagnosed organic anomalies (Klinefelter's syndrome) in comparison with those having no known organic difficulties. This does not permit consideration of hormonal, experiential, or other potentially important developmental influences. Furthermore, the small number of subjects (21 males and four females) in the gender dysphoric group does not permit adequate analysis of differences between sex groups. Finally, the ages of control subjects were considerably younger than those of the gender dysphoric subjects. Age of subjects in that study is difficult to establish since the report is incomplete, but it seems that most of the

clinical subjects were 29 or older while all of the controls were college students and younger.

Thus the present study sought to evaluate the hypothesis that gender dysphoric patients tend to draw a person of the opposite biological sex (idealized sex figure) significantly more often than comparison subjects of the patient's same biological sex.

## METHOD

### Subjects

All of the gender dysphoric patients had been referred to the Gender Identity Service of Boston, Massachusetts, for diagnostic evaluation and treatment of gender identity problems. The sample included 14 biological females ranging in age from 19 to 34 and 42 biological males ranging in age from 18 to 57. The control group consisted of adult evening-school students in an introductory psychology course and an undergraduate young adult population drawn from a sophomore-level course in personality theory. The sex distribution of the control group subjects was 43 males and 41 females, with an age range of 17–53 years. The mean age of the gender dysphoric group was 29.53 years ( $SD = 9.03$ ), while the mean age of the control group was 24.50 ( $SD = 7.86$ ).

### Procedure

The gender dysphoric patients were all tested individually, as part of an intake evaluation, while for the control subjects the Draw-A-Person was group-administered and anonymous. In both cases, the instructions were the same. Each subject was given two unlined sheets of 8½- by 11-inch paper and was asked to “draw a person.” When this was completed, the subject was asked to “Draw a person of the opposite sex from the one you just finished.” Subjects were then asked to identify the sex of each figure drawn as well as their own sex and age.

## RESULTS

A summary of the control subjects' data is presented in Table I. The male controls drew a male figure first 86% of the time, while the female controls drew a same-sex (female) figure first only 51.2% of the time and an opposite-sex (male) figure first 48.8% of the time. It is clear that the normal males tended

Table I. Control Group Data<sup>a</sup>

Sex of subject	Sequence of drawing		Totals
	Drew male "person" first	Drew female "person" first	
Number of males	37	6	43
(% males)	(86.0)	(14.0)	(51.2)
Number of females	20	21	41
(% females)	(48.8)	(51.2)	(48.8)

<sup>a</sup> $\chi^2$  with Yates correction for continuity = 11.7095. Significant at  $p < 0.0006$ , with 1 df.

Table II. Normal Males vs. Gender Dysphoric Males<sup>a</sup>

	Drew "man" first	Drew "woman" first	Totals
Normal male group	35	6	43
Gender dysphoric males	13	27	40
Totals	50	33	83

<sup>a</sup> $\chi^2$  with Yates correction for continuity = 22.63. Significant at  $p < 0.001$ , with 1 df.

to draw a same-sex figure first significantly more often than normal females drew a same-sex figure ( $\chi^2 = 11.71$ ,  $p < 0.0006$  with 1 df). This compares favorably with Money and Wang's findings (1966) that male control subjects drew a male figure first 88.1% of the time and female controls drew a female figure first only 65.3% of the time.

Table II summarizes the comparison of male controls to gender dysphoric males with regard to the sequence of figures. It is clear that the gender dysphoric males were more likely to draw a female figure first ( $\chi^2 = 22.63$ ,  $p < 0.001$  with 1 df).

Table III. Normal Females vs. Gender Dysphoric Females<sup>a</sup>

	Drew "man" first	Drew "woman" first	Totals
Normal female group	20	21	41
Gender dysphoric females	11	2	13
Totals	31	23	54

<sup>a</sup> $\chi^2$  with Yates correction for continuity = 3.87. Significant at  $p < 0.05$ , with 1 df.

Table IV. Gender Dysphoric Group<sup>a</sup>

Biological sex of subject	Sequence of drawing		Totals
	Drew male "person" first	Drew female "person" first	
Number of males (% males)	13 (32.5)	27 (67.5)	40 (75.5)
Number of females (% females)	11 (84.6)	2 (15.4)	13 (24.5)
Totals	24	29	53 (100)

<sup>a</sup> $\chi^2$  with Yates correction for continuity = 8.7543. Significant at  $p < 0.003$ , with 1 df.

Similar findings were obtained when the normal females were compared to the gender dysphoric females, as shown in Table III. In this situation, the normal females were significantly more likely to draw a same-sex figure first than were the gender dysphoric females ( $\chi^2 = 3.87, p < 0.05$  with 1 df). This is of particular interest since the normal group was about evenly divided in their first-drawn figures' sex, indicating a clear difference for the gender dysphoric female.

When the two gender dysphoric groups were compared with each other, as shown in Table IV, it was found that the gender dysphoric females also drew opposite-sex figures significantly more frequently than did the gender dysphoric males ( $p < 0.003$ ).

## DISCUSSION

The data presented above relate to experimental and control populations closely matched in age and not influenced by the organic methodological difficulties encountered by Money and Wang (1966). There is relatively good evidence to suggest that an important component of an individual's idealized or favored sexual identity is represented in sex of the first-drawn human figure. Men and women who are gender dysphoric are significantly more likely to depict the opposite anatomical sex in a first drawing than their normal sexual counterparts.

The relation between first-drawn figure sex and an individual's own sexual self-identity is not a simple one. The differing degrees of ambivalence among individuals in gender dysphoric states are somewhat masked by group data analyses. It is clear, however, that the hypothesized relationship does exist.

It is also interesting to speculate why the normal females in the sample were more evenly split in their drawings than the normal males. One explanation is that the control group females were more comfortable with their masculine

self or animus (Jung, 1969) and, therefore, more androgynous in their gender orientation. It has also been argued that women may draw the male figure first out of their belief, and/or society's teachings, that to be male is more desirable than to be female (Mainord, 1953). A persuasive response to these same pressures is demonstrated by the smaller degree of stigma associated with a woman who dresses or acts like a man by comparison with a male who takes on feminine mannerisms.

Clinical experience has shown that when women manifest gender dysphoria they do so with less ambivalence than do males in the same situation. This reduced ambivalence may stem from taking on the more favored male identity as suggested above. Another view, however, can be derived from viewing the male-to-female gender change from a more psychodynamic point of view. There is some evidence to suggest that the male-to-female change involves a "hysterical personality" characterized by the overuse of the following defenses: repression, denial, reaction formation, seductiveness, dissociation, and conversion (Finney *et al.*, 1975; Stoller, 1968). Our clinical impressions confirm that the female-to-male transsexual is generally more successfully adaptive in pre- and post-operative work and social life than the male-to-female client. We find the female-to-male client less agitated and undone by the many delays experienced in the course of sexual reassignment. Such individuals are less in need of continuous social confirmation that they are special by virtue of being transsexuals. In contrast, the special attention and need for reassurance more characteristic of the male-to-female clients are likely symptomatic of greater ambivalence. A projective instrument like the DAP is useful in the diagnosis of such ambivalence, although one must remain wary of "false positives" in the case of female clients since they are just as likely to draw a man first as they are to draw a woman. It is clear that this technique, like any other in the clinician's armamentarium, must be interpreted carefully in the context of the whole person.

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