

Autogynephilia: A Paraphilic Model of Gender Identity Disorder

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SUMMARY. Autogynephilia is defined as a male's propensity to be sexually aroused by the thought or image of himself as female. Autogynephilia explains the desire for sex reassignment of some male-to-female (MTF) transsexuals. It can be conceptualized as both a paraphilia and a sexual orientation. The concept of autogynephilia provides an alternative to the traditional model of transsexualism that emphasizes gender identity. Autogynephilia helps explain mid-life MTF gender transition, progression from transvestism to transsexualism, the prevalence of other paraphilias among MTF transsexuals, and late development of sexual interest in male partners. Hormone therapy and sex reassignment surgery can be effective treatments in autogynephilic transsexualism. The concept of autogynephilia can help clinicians better understand MTF transsexual clients who recognize a strong sexual component to their gender dysphoria. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2004 by The Haworth Press, Inc. All rights reserved.]

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69

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Biologic males who seek sex reassignment—male-to-female (MTF) transsexuals—are a diverse group. Some males who seek sex reassignment seem to fit the “classic” transsexual pattern. They were extremely feminine as children, are extremely feminine as adults, and are unambiguously attracted to men. Typically these individuals pass very easily as women, and their motivations for seeking sex reassignment seem obvious.

But other MTF transsexuals do not conform to the classic pattern. Often these individuals seek sex reassignment in their 30s, 40s, 50s, or even later, after having lived outwardly successful lives as men. Usually they were not especially feminine as children, and many are not especially feminine as adults, either. Often they have been married to females and have fathered children. Many identify as lesbian or bisexual after reassignment. Nearly all have a past or current history of sexual arousal in association with cross-dressing or cross-gender fantasy. Yet they experience gender dysphoria—a term that denotes dissatisfaction with the sexed body—as intensely as their more outwardly feminine counterparts.

Once considered rare, MTF transsexuals who do not conform to the classic pattern now appear to constitute a majority of those who seek sex reassignment (Blanchard and Sheridan, 1992), and in some large series comprise 75% or more of those who actually undergo sex reassignment surgery (SRS) (Lawrence, 2003; Muirhead-Allwood, Royle, and Young, 1999). What motivates these individuals? Why would males who have been fairly successful as men, who are not especially feminine, and who are attracted to women seek sex reassignment?

One controversial model proposes that these transsexuals suffer from a paraphilia, and that their desire for sex reassignment is the outgrowth of their paraphilic wish to look like and behave as females. This paraphilia is called *autogynephilia*. The newest revision of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)* (American Psychiatric Association [APA], 2000) briefly mentions autogynephilia (p. 578), but the concept is not widely understood or appreciated, even among clinicians who routinely work with gender patients. This paper will provide an introduction to the concept of autogynephilia and will discuss its value for understanding the phenomenology, prognosis, and treatment of gender identity disorders and related conditions.

BLANCHARD'S CONCEPT OF AUTOGYNEPHILIA

The term *autogynephilia* (literally, “love of oneself as a woman”) was coined in 1989 by Ray Blanchard, a clinical psychologist at the Clarke Institute of Psychiatry in Toronto (Blanchard, 1989a). Blanchard formally defined autogynephilia as “a male’s propensity to be sexually aroused by the thought or image of himself as a female” (Blanchard, 1991). In a remarkable series of papers (Blanchard, 1985, 1987, 1988, 1989a, 1989b, 1991, 1992, 1993a, 1993b, 1993c; Blanchard and Clemmensen, 1988; Blanchard, Clemmensen, and Steiner, 1985, 1987), he explored the role of autogynephilia in the erotic lives of hundreds of male gender dysphoric patients.

Like many previous researchers, Blanchard was interested in the nosology of male-to-female transsexualism. Clinicians had long been aware that males who sought sex reassignment were not a homogeneous group. Several different categories of male-to-female transsexualism had been proposed, typically based on sexual orientation, history of sexual arousal to cross-dressing, or a combination of these (for reviews see Blanchard, 1989a, and Lawrence, 2003). Many observers had noted that gender dysphoric males nearly always displayed one of two uncommon erotic preferences: either exclusive sexual attraction to males, or a history of sexual arousal to cross-dressing or cross-gender fantasy (Freund, Steiner, and Chan, 1982).

Based on his research, Blanchard (1989b) concluded that there were two distinct categories of gender dysphoric males: an *androphilic* group, those who were sexually aroused exclusively or almost exclusively by males; and a nonandrophilic group, who were, or had once been, sexually aroused primarily by the idea of being female. Blanchard called this latter group *autogynephilic*: having the propensity to be sexually aroused by the thought or image of oneself as female.

His research revealed that gender dysphoric males who were primarily attracted to men (androphilic) usually reported having been quite feminine as children (Blanchard, 1988). They first presented clinically at an average age of 26 years (Blanchard, Clemmensen, and Steiner, 1987). Only about 15% of them gave any history of sexual arousal with cross-dressing (Blanchard, 1985), and generally they did not tend to be sexually aroused by fantasies of simply being female (Blanchard, 1989b).

Blanchard’s other category of gender dysphoric males included those attracted primarily to women (*gynephilic*); those attracted to both women and men (bisexual); and those with little attraction to other persons of either sex (*analloerotic*, “not attracted to other people”). Blanchard (1988) found that the males in this combined group reported less childhood femininity than those in the androphilic group; some might not have been especially masculine as children, but few if any had been extremely feminine. Those in the

combined group presented for initial evaluation later in life, at an average age of 34 years (Blanchard, Clemmensen, and Steiner, 1987). About 75% of them admitted to a history of sexual arousal with cross-dressing (Blanchard, 1985). Most significantly for Blanchard's theory, they were far more likely than persons in the androphilic group to be sexually aroused by autogynephilic fantasies, that is, by fantasies of simply being female (Blanchard, 1989b).

There is good reason to believe that the males in the combined group might have underreported their sexual arousal to cross-dressing. Blanchard, Clemmensen, and Steiner (1985) demonstrated that in nonandrophilic gender dysphoric males, denial of sexual arousal to cross-dressing was significantly correlated with the tendency to describe oneself in a socially approved way, as measured by the Crowne-Marlowe Social Desirability Scale. Androphilic gender dysphoric males did not show such a correlation. Moreover, Blanchard, Racansky, and Steiner (1986) demonstrated using penile plethysmography that many nonandrophilic male gender patients who denied sexual arousal to cross-dressing actually did become aroused while listening to spoken descriptions of cross-dressing scenarios. Therefore, it seems reasonable to assume that in Blanchard's combined group, a history of autogynephilic sexual arousal was nearly universal.

Autogynephilia denotes the *propensity* to be sexually aroused by the thought or image of oneself as female. The actual occurrence and extent of such arousal will vary with time and circumstance. In autogynephilic persons, the relationship between the cross-gender stimulus and sexual excitement is probabilistic rather than inevitable. An autogynephile does not necessarily become sexually aroused every time he pictures himself as a female or engages in feminine behavior, any more than a heterosexual man automatically gets an erection whenever he sees an attractive woman. Thus, the concept of autogynephilia—like that of heterosexuality, homosexuality, or pedophilia—refers to a *potential* for sexual excitation. (Blanchard, 1991)

ANATOMIC AUTOGYNEPHILIA AND THE DESIRE FOR SRS

Blanchard (1991) formally distinguished four different types of autogynephilia in gender dysphoric males, although most of his patients demonstrated more than one type. The first type was *transvestic* autogynephilia, which denotes arousal to the act or fantasy of wearing women's clothing. Persons in whom this type of autogynephilia predominates are referred to as cross-dressers, transvestites, or "persons with transvestic fetishism" (in *DSM-IV-TR*). The second type was *behavioral* autogynephilia, which denotes arousal to the act or fantasy of engaging in some behavior regarded as typically feminine. This

behavior could range from knitting in the company of other women to having sexual intercourse with a male. The latter behavior, according to Blanchard's formulation, did not represent genuine androphilia, because the arousal was not to the male partner per se, but rather to engaging in a behavior regarded as typical of females. The third type was *physiologic* autogynephilia, which denotes arousal to fantasies such as being pregnant, menstruating, or breast-feeding. The fourth type was *anatomic* autogynephilia, which denotes arousal to the fantasy of having a woman's body, or aspects of one, such as breasts or a vulva. The relative prevalence of the different types of autogynephilia is not known, but transvestic autogynephilia appears to be the most common type. Blanchard (1991) found that 90% of transsexuals who experienced anatomic autogynephilia had also experienced transvestic autogynephilia.

It was entirely predictable, Blanchard felt, that males who experienced sexual arousal from the idea of having a woman's body would in fact seek to acquire or inhabit such a body. His research subsequently confirmed that patients with the anatomic type of autogynephilia were the ones most interested in physical transformation, including SRS (Blanchard, 1993b). He summarized his theory this way:

Autogynephilia takes a variety of forms. Some men are most aroused sexually by the idea of wearing women's clothes, and they are primarily interested in wearing women's clothes. Some men are most aroused sexually by the idea of having a woman's body, and they are most interested in acquiring a woman's body. Viewed in this light, the desire for sex reassignment surgery of the latter group appears as logical as the desire of heterosexual men to marry wives, the desire of homosexual men to establish permanent relationships with male partners, and perhaps the desire of other paraphilic men to bond with their paraphilic objects in ways no one has thought to observe. (Blanchard, 1991)

The concept of autogynephilia provides a *model* for understanding why some individuals with a history of cross-gender eroticism might seek sex reassignment. Blanchard proposed that transsexuals with a history of autogynephilic eroticism *behave as though* they were motivated by the desire to actualize their paraphilic fantasy of feminizing their bodies. This hypothesized motivation might or might not correspond to the motivations transsexuals themselves might declare for their decisions to seek sex reassignment.

PREVALENCE OF AUTOGYNEPHILIA IN TRANSSEXUALS

It is difficult to estimate the prevalence of autogynephilic eroticism in MTF transsexuals and other transgendered persons. Data from clinical populations

provide limited evidence concerning (a) the percentage of persons reporting *any* history of autogynephilic arousal, and (b) the percentage of persons reporting *current* autogynephilic arousal.

Among transsexuals who have not undergone SRS, the percentage of individuals who give any history of sexual arousal to cross-dressing or cross-gender fantasy varies considerably from study to study. Hoenig and Kenna (1974) reported one of the highest figures, 83%, while Buhrich and McConaghy (1978) reported one of the lowest, 17%. Two of the largest studies, by Blanchard (1985; $N = 163$) and by Doorn, Poortinga, and Verschoor (1994; $N = 155$), reported prevalence figures of 37% and 31%, respectively. Lawrence (2003) surveyed 232 MTF transsexuals who had undergone SRS with surgeon Toby Meltzer between 1994 and 2001; 86% of those giving a numerical response reported having experienced autogynephilic arousal at least occasionally before SRS, and 49% reported having experienced “hundreds of episodes or more” before SRS. Following SRS, over a mean duration of 3 years, 44% of those giving a numerical response reported having experienced at least a few episodes of autogynephilic arousal, but only 3% reported having experienced hundreds of episodes or more (Lawrence, unpublished paper).

Blanchard and Clemmensen (1988) studied current sexual arousal to cross-dressing in 113 males who were heterosexual relative to biologic sex and who exhibited intense gender dysphoria. All stated that they had felt like a woman at all times for at least one year, and over 97% acknowledged a desire for SRS. Over half (52%) reported that they had experienced sexual arousal with cross-dressing at least occasionally during the past year, and 15% had experienced such arousal usually or always. Nearly half (46%) reported that they had masturbated while cross-dressing at least occasionally during the past year, and 15% reported that they had masturbated on half or more of the occasions when they cross-dressed. Doorn, Poortinga, and Verschoor (1994) noted that in their group of 155 transsexual patients, 16% reported that cross-dressing was currently sexually arousing, at least at times; all of their patients were taking hormones and were seeking SRS.

There is evidence that transgendered persons tend to underreport their sexual arousal to cross-dressing and cross-gender fantasy (Blanchard, Racansky, and Steiner, 1986). Therefore, the percentages given above should probably be regarded as low-end estimates.

AUTOGYNEPHILIA AS A PARAPHILIA AND A SEXUAL ORIENTATION

Blanchard (1993c) considered autogynephilia to be a paraphilia, or unusual sexual arousal pattern. Paraphilias, as described in the *DSM-IV-TR*, are characterized by “recurrent, intense sexual urges, fantasies, or behaviors that in-

volve unusual objects, activities, or situations and cause clinically significant distress or impairment in . . . functioning” (APA, 2000, p. 535). Blanchard was not the first clinician to propose that transsexualism might sometimes be a paraphilic phenomenon; Buhrich and McConaghy (1977), Christie Brown (1983), Freund, Steiner, and Chan (1982), Meyer (1982), and Wilson and Gosselin (1980) had previously made similar suggestions.

However, Blanchard proposed that autogynephilia could also be considered a sexual orientation:

Autogynephilia might be better characterized as an orientation than as a paraphilia. The term *orientation* encompasses behavior, correlated with sexual behavior but distinct from it, that may ultimately have a greater impact on the life of the individual. For homosexual and heterosexual men, such correlated behavior includes courtship, love, and cohabitation with a partner of the preferred sex; for autogynephilic men, it includes the desire to achieve, with clothing, hormones, or surgery, an appearance like the preferred self-image of their erotic fantasies. (Blanchard, 1993c)

Implicit in the concept that autogynephilia is a sexual orientation as well as a paraphilia is the idea that autogynephilia encompasses more than just “autogynericism.” The Greek word *philos* means “loving,” and the term *autogynephilia* accurately implies that persons who experience it are usually genuinely *in love with* the idea of being women. To many autogynephiles, the idea of being a woman is more than just sexual arousing: it is also comforting, aesthetically pleasing, inspiring, and spiritually transformative, just as other kinds of love frequently are.

AUTOGYNEPHILIA AND GENDER DYSPHORIA

Although some transsexuals find the idea of becoming a woman sexually exciting, it would be a mistake to imagine that they are always happy about their autogynephilic feelings, or that they seek sex reassignment primarily as a hedonistic indulgence. Persons who experience severe anatomic autogynephilia often suffer greatly due to their feelings (Lawrence, 1999c). Unusual and intense sexual urges that cannot be satisfied are not pleasant (Levine, Risen, and Althof, 1990), and transsexuals frequently find their autogynephilic feelings to be unwanted, intrusive, painful, and disabling. In short, anatomic autogynephilia is often associated with severe gender dysphoria. For autogynephilic transsexuals, gender dysphoria and autogynephilic sexual desire act like different sides of the same coin (Blanchard, 1993c). Gender dysphoria provides the “push” toward sex reassignment, while autogynephilic sexual desire provides the “pull.”

**AUTOGYNEPHILIA, GENDER IDENTITY,
AND THE TRANSEXUAL MOTIVE**

Although Blanchard's theory provides an explanation of the desire for sex reassignment in males with a history of autogynephilic arousal, it does not purport to provide a complete or exclusive explanation. Blanchard (1991) acknowledged this explicitly:

Gender dysphoria, in young nonhomosexual males, usually appears along with, or subsequent to, autogynephilia; in later years, however, autogynephilic sexual arousal may diminish or disappear, while the transsexual wish remains or grows even stronger. Such histories are often produced by gender dysphoric patients, but one does not have to rely on self-report to accept that *the transsexual motive may attain, or inherently possess, some independence from autogynephilia*. (emphasis added)

The traditional explanation of the transsexual motive in persons with a history of autogynephilic arousal—and in transsexuals generally—is that these individuals experience their biologic sex as incongruent with their gender identity. *Gender identity* is a term that refers to one's inner sense of being male or female, masculine or feminine. Although Blanchard's autogynephilia theory offers a different emphasis, it is not inconsistent with the traditional gender-identity-based formulation. For example, a person might experience autogynephilic eroticism and also experience discomfort with the male gender role; both factors might contribute to the person's gender dysphoria. Moreover, autogynephilic eroticism, especially if persistently and intensely experienced, could in itself contribute to the development of a cross-gender identity. According to Levine, Risen, and Althof (1990), "It is not yet widely recognized that what we want to do with our bodies . . . during sexual arousal contributes to our sexual identities. [Both paraphilic and nonparaphilic individuals] develop self-concepts from their erotic intentions." Blanchard's autogynephilia model and the traditional gender-identity-based model of transsexualism can thus be seen as complementary rather than mutually exclusive.

Several researchers and clinicians have concluded that nearly all MTF transsexuals (and many transvestites) with a history of autogynephilic arousal experience genuine cross-gender wishes, which may precede, or exist independently of, autogynephilic eroticism. Buhrich and McConaghy (1977) documented consistent self-reports of childhood gender nonconformity in 12 MTF transsexuals with a history of sexual arousal to cross-dressing. Langevin (1985) concluded that "gender identity may be as significant a component in transvestism as erotic needs." Johnson and Hunt (1990) hypothesized that autogynephilic transsexuals experience real gender identity conflicts, just as androphilic transsexuals do, but resolve these conflicts later in life. Levine

(1993) argued that autogynephilic eroticism could be an effect rather than a cause of atypical gender identity and proposed that “cross-dressing and . . . autogynephilic fantasy are the external and internal manifestations of the same phenomenon—the conscious experience of the self as at least partially female.” Doorn, Poortinga, and Verschoor (1994) found that their late-onset MTF transsexual patients, 42% of whom acknowledged a past history of sexual arousal to cross-dressing, reported a high prevalence of female-typical pre-adolescent gender behaviors. Seil (1996) suggested that transsexuals with a history of sexual arousal to cross-dressing experience cross-gender feelings at an early age, just as other transsexuals do; however, they experience their cross-gender feelings as ego-dystonic rather than ego-syntonic.

In summary, while autogynephilia provides a plausible explanation of the desire for sex reassignment in males with a history of autogynephilic arousal, the traditional model that emphasizes gender nonconformity and gender identity also has plausibility in autogynephiles. Keeping both models in mind can offer the clinician a more nuanced understanding of transsexual motivation.

FEMINIZING HORMONE THERAPY AND AUTOGYNEPHILIA

Hoenig and Kenna (1974) argued that transsexualism could not represent a paraphilia, because transsexuals’ desire for sex reassignment was not eliminated by chemical or physical castration. When autogynephilic transsexuals take feminizing hormones, their testosterone levels usually decrease dramatically, and their interest in genital sexuality typically declines as well. However, their desire for sex reassignment usually remains unchanged.

While these observations might seem to pose a problem for Blanchard’s theory, for several reasons they do not. First, very low testosterone levels do not necessarily eliminate all capacity for sexual arousal, as studies in hypogonadal males have shown (e.g., Kwan et al., 1983). Second, as noted earlier, some aspects of the paraphilic wish for feminization that autogynephilic transsexuals experience may not be contingent upon genital arousal. For example, the physical feminization produced by hormone therapy may be comforting and aesthetically pleasing to autogynephilic transsexuals, even if it is not strongly genitally arousing. Finally, reduction in the intensity of paraphilic sexual arousal might actually be welcomed by many transsexuals. As discussed earlier, paraphilic arousal can sometimes be unwanted, intrusive, and ego-dystonic; reduced sexual arousal might sometimes be a relief.

Sexual arousal that acts as a reminder of unwanted male anatomy can be especially distressing to transsexuals. Blanchard and Clemmensen (1988) reported that half of their informants who experienced sexual arousal to cross-dressing were sometimes bothered by this arousal. Persons who were more bothered by

autogynephilic arousal were also significantly more gender dysphoric than those who were not bothered. Lawrence (1999c) proposed that one of the reasons feminizing hormone therapy is so well accepted by autogynephilic transsexuals is that it reduces serum testosterone levels and thus helps control ego-dystonic paraphilic arousal, in addition to producing desired feminization. This hypothesis is consistent with the narratives provided by some autogynephilic transsexuals (Lawrence, 1999a, #5; 1999b, #40).

SATISFACTION WITH SRS IN AUTOGYNEPHILIC TRANSSEXUALS

In the 1960s and early 1970s, any history of sexual arousal to cross-dressing or cross-gender fantasy was regarded as a contraindication to SRS (e.g., Baker, 1969). The introduction of the concept of *gender dysphoria syndrome* by Laub and Fisk (1974) liberalized the indications for SRS and made SRS more easily available to persons with a history of autogynephilic arousal. However, some experts continued to believe that sexual arousal to cross-dressing or cross-gender fantasy was a contraindication to SRS (Lundström, Pauly, and Wälinder, 1984; Sørensen, 1981), or that a history of such arousal significantly increased the likelihood of postoperative regret (Landén et al., 1998). Lawrence (2003) conducted a large follow-up study of SRS outcomes, using a questionnaire that asked explicitly about respondents' history of autogynephilic arousal before SRS; this study found no significant correlation between frequency of autogynephilic arousal before SRS and postoperative regret.

EXPLANATORY VALUE OF AUTOGYNEPHILIA

Blanchard's theory of autogynephilia helps to explain several otherwise puzzling observations about MTF transsexualism. First, it convincingly explains why some men who are attracted to women, who have been fairly successful as men, and who appear unremarkably masculine would wish to undergo sex reassignment. Why would men who have been successful fighter pilots, construction workers, or captains of industry—men who seem not the least bit feminine, and who appear entirely comfortable being men—want to undergo sex reassignment? Attributing this solely to some long-hidden inner femininity might seem implausible. But if these individuals found the idea of being a woman *sexually* appealing, then their motivation would be easier to understand. The phenomenon of a middle-aged man risking his career, his reputation, and his marriage for the sake of a sexual obsession is well known. By proposing that certain types of MTF transsexualism can have sexual motiva-

tions, rather than (or in addition to) gender motivations, Blanchard's autogynephilia theory helps to explain this phenomenon.

Second, Blanchard's theory helps to explain the relationship between transsexualism and transvestism. Transvestism is considered to be a paraphilia, or unusual pattern of sexual arousal, in the *DSM-IV-TR* (APA, 2000) and has always been classified as such in the *DSM*. However, clinicians have long recognized that some men who previously considered themselves transvestites eventually decide to seek SRS and live full-time as women. If transvestism is purely an erotic phenomenon and transsexualism is purely a gender identity phenomenon, then there is no obvious explanation for this progression. But if both transvestism and some forms of MTF transsexualism are manifestations of autogynephilia—an erotic condition that also influences gender identity—then this progression is explained convincingly.

Third, Blanchard's autogynephilia theory helps explain why transvestism and transsexualism are often associated with other unusual erotic interests. Sexual scientists have observed for decades that unusual sexual interests—sadoomasochism, bondage, autoerotic asphyxia, interest in leather and rubber, exhibitionism, voyeurism, infantilism, pedophilia—frequently do not occur in isolation, but instead tend to co-occur. Males who have one unusual sexual interest are far more likely to have one or more *other* unusual sexual interests than would be expected simply by chance (Abel and Osborn, 1992; Wilson and Gosselin, 1980). Furthermore, other unusual erotic interests are very common among transvestites and some MTF transsexuals. Wilson and Gosselin (1980) found that 63% of their sample of transvestites and transsexuals also described fetishistic or sadoomasochistic interests. Blanchard and Hucker (1991) reported that transvestism accompanied many cases of autoerotic asphyxia. Abel and Osborn (1992) documented the co-occurrence of transvestism and transsexualism with other paraphilias. If transsexualism and transvestism are purely gender-identity-based phenomena, then these associations make no sense. But if transsexualism and transvestism sometimes represent unusual sexual interests—as Blanchard's autogynephilia theory proposes—then their association with other uncommon sexual interests does make sense.

Finally, the concept of autogynephilia helps to explain the unusual sexual fantasies that some transvestites and MTF transsexuals have concerning men, and the late development of sexual interest in male partners by some MTF transsexuals. Many heterosexual transvestites and formerly heterosexual MTF transsexuals have sexual fantasies about men, but usually these are not quite like the fantasies of genuine androphiles (Blanchard, 1989b). In the transsexual and transvestite fantasies there is little emphasis on the specific characteristics of the imagined male partner. Often the imagined partner is faceless or quite abstract, and seems to be present primarily to validate the femininity of the person having the fantasy, rather than as a desirable partner in his own

right (Blanchard, 1991). It is also fairly common for heterosexual transvestites to engage in sex with men when cross-dressed. Why don't they do this at other times? Apparently, because the attraction is not to the male partner per se, but to the way in which acting like a woman in relationship to a man is sexually gratifying. Autogynephilia also explains why some transsexuals who were never interested in having sex with men before transition develop this interest after undergoing SRS. It is not because they have miraculously changed their underlying sexual orientation and now find men's bodies arousing. Rather, it is because they can finally actualize their autogynephilic fantasy of having sex with a male.

Some transsexuals' autogynephilic interest in male partners can appear almost indistinguishable from genuine androphilia, as the following case vignette illustrates:

A 38-year-old biologic male who had been using estrogen without medical supervision sought monitored hormone therapy under a harm-reduction model. She had been married to a female for nine years, her past sexual experiences had been exclusively with women, and she openly identified as an autogynephilic transsexual. She was especially aroused by the idea of having sex with a man as a woman. She responded well to feminizing hormone therapy, underwent facial electrolysis and cosmetic surgery, and began living full-time in female role. She became successfully employed as a woman in a job where no one knew her past history. A few months later, she became romantically involved with a male coworker. Their sexual activity was limited to light petting, because the patient had not yet undergone SRS and had not disclosed this to her partner. She expressed a strong desire for SRS, which would enable her to have sexual intercourse with men. When asked how this fit with her earlier declaration that she was an autogynephilic transsexual, she replied that it was entirely consistent. She stated that she felt no particular attraction to men's bodies, but was only interested in the way in which being with a man sexually made her feel like a desirable woman. Asked whether this meant that her male partner functioned primarily as another "fashion accessory" with which to enhance her self-image, like a pretty dress or a designer handbag, she replied that this metaphor expressed her feelings exactly.

DENIAL OF CURRENT AUTOGYNEPHILIC AROUSAL BY TRANSSEXUALS

Although most nonandrophilic transsexuals admit that they have experienced autogynephilic arousal at some time in the past, many report that they

no longer experience such arousal. If autogynephilia is really akin to a sexual orientation, this might seem surprising. Heterosexual and gay males, for example, may cease to experience sexual arousal to a particular partner, but they rarely claim that they no longer experience sexual arousal to *any* potential partners within their preferred category.

There are several possible explanations of the denial of current autogynephilic arousal by transsexuals who have a past history of such arousal. As previously noted, some males with this history who deny current sexual arousal to cross-dressing nevertheless demonstrate physiologic arousal in response to spoken cross-dressing narratives (Blanchard, Racansky, and Steiner, 1986). Some MTF transsexuals might consciously experience physiologic arousal to cross-gender behavior or fantasy, but might deny or minimize this arousal in order to present themselves in a socially approved manner. Blanchard, Clemmensen, and Steiner (1985) demonstrated a correlation between denial of autogynephilic arousal and participants' scores on the Crowne-Marlowe Social Desirability Scale, a finding that gives credence to this possibility.

Alternatively, the feelings and sensations that accompany autogynephilic arousal might sometimes be too mild to be consciously perceived, or if perceived might be interpreted as something other than sexual arousal. The mild sexual arousal that accompanies the earliest stages of the sexual response cycle (Masters and Johnson, 1966, pp. 4-7) might not be noticed by some autogynephilic individuals. Nevertheless, as Docter (1988) emphasized, "the fact that an individual reports that no sexual 'turn-on' is experienced [with cross-dressing] does not necessarily mean that no components of the sexual response pattern are operative" (p. 117). Misinterpretation of feelings of sexual arousal is another possibility. Docter (1988) proposed that "another hypothesis might be that the mild sexual arousal that may accompany. . . fetishistic cross-dressing is subjectively interpreted as calming despite what may be mild physiological arousal" (p. 117).

Finally, it is possible that some transsexuals with a history of autogynephilic arousal might genuinely cease to experience any physiologic arousal to cross-gender behavior or fantasy. Feminizing hormone therapy, which lowers testosterone levels and reduces libido, might plausibly contribute to this. If autogynephilic arousal no longer occurs in these individuals, what explains their continued wish for sex reassignment? Blanchard proposed that, after a period of time, stimuli that have been experienced as sexually gratifying might come to be regarded as rewarding and desirable, even when they no longer evoke intense genital arousal. Using the analogy of heterosexual marriage, he observed that husbands often continue to experience a deep emotional connection to their wives, even after their initial intense sexual attraction has diminished or completely disappeared (Blanchard, 1991). This is consistent with the point made earlier: autogynephilic persons can be seen as being in love with

the idea of being women, and this love might plausibly persist even after physiologic arousal disappears.

CONTROVERSY AMONG TRANSSEXUALS CONCERNING AUTOGYNEPHILIA

Clinicians should be aware that the concept of autogynephilia is controversial among MTF transsexuals. Some find the concept to be consistent with their identities, validating, and liberating. Others find it to be inconsistent with their identities, pejorative, and stigmatizing.

Blanchard's autogynephilia model was designed to help explain transgendered persons' behavior, such as their patterns of sexual arousal and activity, their partner choices, and their requests for medical and surgical interventions. It was not designed to explain transgendered persons' identities or their stated motivations for seeking SRS. However, as MTF transsexuals have become aware of Blanchard's model from articles in popular magazines such as *Transgender Tapestry* (Lawrence, 1998, 2000), they have begun to express their opinions about autogynephilia and the extent to which the model based on it is or is not consistent with their feelings and identities.

Some MTF transsexuals and other transgendered persons who appear to conform to the autogynephilic profile clearly state that the autogynephilia model is *not* consistent with their personal experiences and identities (e.g., Allison, 2001; Barnes, 2001; Buckwalter, 2001). These individuals typically report that they no longer experience autogynephilic arousal (or occasionally that they never did), or that autogynephilia did not play a significant part in their decisions to undergo gender transition and SRS. For example, Allison (2001) states:

We have sacrificed so much for the validation of our personal identity. We didn't do it for sexual desire . . . We did it to relieve our own discomfort and live the rest of our lives in the role that is right for us.

Other transsexuals tell a different story. They report that Blanchard's autogynephilia model accurately describes their experiences and motivations, and that they are grateful to learn that there is a theory that speaks to their experience. Lawrence (1999a, 1999b) has collected dozens of such narratives. One anonymous transsexual informant writes as follows:

I have yet to read an explanation . . . that more closely and accurately describes the motivation I feel than . . . autogynephilia. I have known since very early childhood that I was transsexual . . . However, the standard or classic transsexual definitions did not seem to apply. This is the first time

anybody has ever said it is OK to have sexual feelings and motives . . . I have been reluctant to proceed, [but] now with what I have learned, I will approach counseling with a new zeal. Thank you so much for bringing this much needed information to light. (Lawrence, 1999b, #34)

As the concept of autogynephilia becomes better known among transsexuals, it is likely that more patients will discuss the issue with professionals. Clinicians may be called upon to dispel misconceptions about Blanchard's autogynephilia model. It may be helpful to reassure patients that (a) the autogynephilia model attempts to explain behavior, but does not attempt to explain individuals' identities; (b) the model does not imply that transsexualism is exclusively about sex; and (c) autogynephilia is not the basis for deciding whether someone is, or is not, a "real" transsexual.

UNRESOLVED QUESTIONS CONCERNING AUTOGYNEPHILIA

It remains unclear whether autogynephilia genuinely occurs in androphilic transsexuals, and if so, what implications this might have for Blanchard's model. Some studies have reported prevalence rates of autogynephilia ranging from 10% to 36% among androphilic gender dysphoric males (Bentler, 1976; Blanchard, 1985; Blanchard, Clemmensen, and Steiner, 1987; Freund, Steiner, and Chan, 1982; Leavitt and Berger, 1990). Blanchard (1985) proposed that some supposedly androphilic individuals who admitted to autogynephilic arousal were probably not genuinely androphilic, but had misrepresented their sexual orientation in order to appear more classically transsexual. However, it is not clear why such individuals would then admit to autogynephilic arousal, which is surely not a classically transsexual trait.

Some transsexuals who freely acknowledge a history of autogynephilia report that they experienced cross-gender wishes long before they experienced autogynephilic arousal. It is unclear whether such reports are accurate, and if so, what their implications might be for Blanchard's theory. Typically, these individuals report that their cross-gender wishes began in early childhood, but that they did not experience autogynephilic arousal until puberty. It is possible that these individuals might actually have experienced autogynephilic arousal earlier, but either did not remember it, or did not interpret it as sexual arousal. Case reports by Stoller (1985) and by Zucker and Blanchard (1997) make it clear that genital arousal with cross-dressing can occur as early as age 3 years. Nevertheless, it remains possible that cross-gender wishes might sometimes precede autogynephilic arousal by many years. This suggests the possibility that autogynephilia might sometimes be an effect rather than a cause of gender dysphoria. Since there is no accepted theory that explains how *any* erotic preference develops, one can only speculate about how gender dysphoria might

lead to autogynephilia. Seil (1996) suggested that, unlike androphilic transsexuals, nonandrophilic transsexuals usually experience their cross-gender wishes as ego-dystonic. It is tempting to hypothesize that autogynephilia might develop when ego-dystonic cross-gender feelings somehow interfere with the development of normal erotic interests in other persons. This hypothesis would be consistent with the observation by Blanchard (1992) that autogynephilia partially competes with sexual interest in other persons.

CONCLUSIONS

Blanchard's concept of autogynephilia provides a powerful model for understanding the phenomenology of male-to-female transsexualism, and his proposed transsexual typology, which divides transsexuals into androphilic and autogynephilic categories, has considerable heuristic value. But as a practical matter, it is unlikely that many transsexuals who visit mental health professionals will state that their desire to undergo sex reassignment derives primarily from their paraphilic wish to feminize their bodies. Given the stigmatization of anything that appears male-typical in MTF transsexuals, it is remarkable that *any* transsexuals will so state. Yet, clearly there are some applicants for sex reassignment for whom autogynephilic sexual feelings play a prominent, or even central, role. These transsexuals often experience shame and confusion about their autogynephilic feelings, in addition to suffering from gender dysphoria. The concept of autogynephilia can help clinicians to better understand MTF transsexual patients who recognize a strong sexual component to their gender dysphoria. It can also help reassure both patients and caregivers that such feelings are consistent with genuine transsexualism.

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