

Transgenderism in nonhomosexual males as a paraphilic phenomenon: implications for case conceptualization and treatment

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Transvestic fetishism and the nonhomosexual type of male-to-female (MTF) transsexualism are closely-related entities, but the former is usually considered a paraphilic phenomenon, whereas the latter is not. I argue that it is useful for therapists to think about both entities, and the clinical spectrum to which they belong, as paraphilic phenomena. Both of these forms of nonhomosexual male transgenderism can be understood as outgrowths of autogynephilia, or paraphilic sexual arousal to the thought or image of oneself as a female. Autogynephilia resembles a sexual orientation, in that it consists of both erotic elements and elements that are not explicitly erotic. Autogynephilia plausibly explains the development of cross-gender identities in nonhomosexual transgender males. Understanding the meaning, significance and implications of autogynephilia can assist therapists in case conceptualization and can facilitate respectful, empathetic therapeutic work with nonhomosexual male transgender clients.

Keywords: autogynephilia; paraphilia; transgenderism; transsexualism; transvestism

Introduction

Two of the most prevalent gender-related disorders encountered in men are transvestic fetishism and the nonhomosexual type of male-to-female (MTF) transsexualism. Clinicians and researchers have observed for decades that these disorders have many symptoms in common (Person & Ovesey, 1978), that the boundary between them is often indistinct (Benjamin, 1966), that the former sometimes develops into the latter (Docter, 1988) and that persons can be diagnosed with both disorders (American Psychiatric Association [APA], 2000). Official diagnostic nosologies, however, classify these two conditions quite differently.

Transvestic fetishism, also called fetishistic transvestism, heterosexual cross-dressing or simply transvestism, is classified as a disorder of sexual preference or *paraphilia* in the most recent editions of the *International Classification of Diseases* (ICD-10: World Health Organization [WHO], 1992) and the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR: APA, 2000). Both the ICD-10 and the DSM-IV-TR, however, classify all types of transsexualism (called “gender identity disorder” in the DSM-IV-TR), including nonhomosexual MTF transsexualism, as disorders of gender identity, *not* as paraphilias.

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If transvestic fetishism and nonhomosexual MTF transsexualism share many similarities, and if the latter is classified as a disorder of identity, could the former also be considered a disorder of identity? Some clinicians (e.g. Levine, 1993) argue that it is useful to think about transvestic fetishism in precisely this way. Moreover, in the DSM-IV-TR, one of the examples used to illustrate the diagnosis of Gender Identity Disorder Not Otherwise Specified (p. 582) strongly implies that transvestism per se constitutes presumptive evidence of a disturbance in gender identity (Lawrence, 2008).

What about the opposite inference? If transvestic fetishism and nonhomosexual MTF transsexualism share many similarities, and if the former is classified as a paraphilia, could the latter also be considered a paraphilia? Some people may find this idea surprising, but I believe that it is not only entirely plausible, but that it offers substantial explanatory value. The idea that nonhomosexual MTF transsexualism can be conceptualized as a paraphilic phenomenon is one that I find useful – indeed, essential – in my work with male transgender clients. Other clinicians who work with male transgender clients may also find it helpful to think about nonhomosexual MTF transsexualism, and the clinical entities that lie on the spectrum between it and transvestic fetishism, as paraphilic phenomena.

This conceptual model is not without its critics (e.g. Bockting, 2005; Serano, 2008; Wyndzen, 2008) and not every clinician is likely to find it appealing or valuable. My intention is to set forth the model and the evidence supporting it and to explain how the model can be used clinically. Individual clinicians can decide for themselves whether they find the model persuasive or useful. I should also make it clear that I am not suggesting that clinicians abandon explanations of MTF transgenderism that emphasize gender identity. Those explanations often conform closely to the ones MTF transgender persons themselves use to make sense of their lives and, as such, are too valuable to discard. Rather, I am proposing that therapists might employ “two modes of thought” (Adler, 2008) regarding these issues, supplementing the traditional gender-identity-focused explanations with a conceptual model that emphasizes paraphilic sexuality. To set forth this model, I will:

- (1) describe nonhomosexual MTF transsexualism and distinguish it from its counterpart, homosexual MTF transsexualism;
- (2) summarize the evidence that nonhomosexual MTF transsexualism and transvestic fetishism are closely related disorders that exist on a continuum of symptomatology;
- (3) explain how both these disorders, and the spectrum of clinical entities they define, can be conceptualized as manifestations of a paraphilic sexual interest called *autogynephilia*;
- (4) propose that autogynephilia resembles a sexual orientation, consisting of attraction- and attachment-based dimensions, as well as an erotic dimension;
- (5) suggest how cross-gender identity in nonhomosexual male transgender clients can be understood as an outgrowth of autogynephilia;
- (6) explain how understanding nonhomosexual male transgenderism as a paraphilic phenomenon can facilitate case conceptualization and inform therapy; and
- (7) explain how this model can facilitate respectful, empathetic therapeutic work with nonhomosexual male transgender clients.

Two distinctly different types of MTF transsexualism exist, homosexual and nonhomosexual

Many observers have concluded that there appear to be two distinctly different types of males who express persistent discomfort with their anatomic sex (a phenomenon called *gender dysphoria*) and who consider undergoing sex reassignment (Blanchard, 1988; Buhrich & McConaghy, 1978; Freund, 1985; Freund, Steiner, & Chan, 1982; Levine, Gruenewald, & Shaiova, 1976; Lawrence, 2005; Money & Gaskin, 1970–1971; Smith, van Goozen, Kuiper, & Cohen-Kettenis, 2005; Whitam, 1987, 1997). One of these types consists of males who are often referred to as *homosexual* MTF transsexuals (Blanchard, 1988; Lawrence, 2005; Money & Gaskin, 1970–1971; Smith et al., 2005). These individuals are exclusively sexually attracted to men (*androphilic*) and are therefore homosexual relative to anatomic sex. They may also self-identify as homosexual, or may have identified as such in the past. As Whitam (1987) observed: “in most societies these persons regard themselves as homosexuals and are regarded by more masculine homosexuals as a natural part of the homosexual world” (p. 177). Homosexual MTF transsexuals invariably display many female-typical behaviors, attitudes and interests during childhood and adulthood (Whitam, 1987, 1997). They rarely, if ever, experience sexual arousal with cross-dressing or cross-gender fantasy (Blanchard, 1985, 1988, 1989b; Blanchard, Clemmensen, & Steiner, 1987; Lawrence, 2005; Whitam, 1997).

The other MTF transsexual type consists of males who are often referred to as *nonhomosexual* MTF transsexuals (Blanchard, 1988; Lawrence, 2005; Smith et al., 2005). These individuals are never exclusively sexually attracted to men; they are primarily sexually attracted to women (*gynephilic*), but they may choose women, women and men or neither men nor women as sexual partners. They rarely display many female-typical behaviors, attitudes or interests during childhood or adulthood (Whitam, 1987, 1997; Zucker, Owen-Anderson, & Bradley, 2007). This last point is important because if the gender dysphoria that these transsexuals experience cannot be attributed to the presence of gender-atypical behaviors, attitudes or interests, one must wonder what it *can* be attributed to. Most nonhomosexual MTF transsexuals acknowledge a past or current history of sexual arousal with cross-dressing or cross-gender fantasy (Blanchard, 1985; Lawrence, 2005; Whitam, 1987, 1997), although they often report that this arousal diminishes or disappears after a few years.

The differences between homosexual and nonhomosexual MTF transsexuals are so numerous and so striking that the two groups appear to represent entirely different clinical spectra (Whitam, 1987) and plausibly reflect entirely different etiologies (Freund, 1985; Smith et al., 2005). Moreover, because sexual orientation in men, including MTF transsexuals, is essentially dichotomous, either androphilic or gynephilic (Chivers, Rieger, Latty, & Bailey, 2004; Lawrence, Latty, Chivers, & Bailey, 2005; Rieger, Chivers, & Bailey, 2005; Safron et al., 2007), there appear to be two and only two principal categories of MTF transsexuals based on sexual orientation. Intermediate or indeterminate cases, if they exist, are probably uncommon. It should be noted, however, that some nonhomosexual transgender males, despite being fundamentally gynephilic in orientation, may choose both men and women as partners, or may display little interest in partners of either sex. Consequently, nonhomosexual transgender males are sometimes divided into three subcategories – heterosexual, bisexual and asexual or *analloerotic* (not sexually interested in other persons) – based on their pattern of sexual partner choice (Blanchard, 1989a).

Nonhomosexual MTF transsexualism and transvestic fetishism are closely related disorders that exist on a continuum of symptomatology

The nonhomosexual type of MTF transsexualism has many features in common with transvestic fetishism. According to the DSM-IV-TR, the defining characteristics of MTF transsexualism are a strong and persistent cross-gender identification and the desire to acquire a female body or elements of such a body, whereas the defining characteristic of transvestic fetishism is sexual arousal with cross-dressing or cross-gender fantasy. The close relationship of the two conditions is demonstrated by the observations that: (1) substantial numbers of men who consider themselves heterosexual cross-dressers and who do not live full-time as women also report a partial or primary cross-gender identity and express a desire to take feminizing hormones; and (2) nearly all nonhomosexual MTF transsexuals have a past or current history of sexual arousal with cross-dressing or cross-gender fantasy.

Men who identify primarily as transvestites or heterosexual cross-dressers, and who do not live full-time as women, not uncommonly report a partial or preferential cross-gender identity and a desire to use feminizing hormones. In a survey of 1032 such men, who cross-dressed episodically, did not live full-time as women and almost without exception reported a nonhomosexual orientation, Docter and Prince (1997) found that 28% stated that their preferred gender identity was their feminine self, while another 60% preferred their masculine and feminine selves equally. In this same group, 4% were currently using feminizing hormones, another 5% had used hormones in the past and a further 43% stated that they would like to use hormones in the future. In another survey of 385 cross-dressing men, 98% of whom reported a nonhomosexual orientation, Bullough and Bullough (1997) found that 25% of participants reported using feminizing hormones currently or in the past, although only 11% were living full-time as women.

Many nonhomosexual MTF transsexuals once identified as cross-dressers or transvestites (Dokter, 1988) and most have a history of sexual arousal with cross-dressing or cross-gender fantasy. Blanchard (1985) found that 73% of nonhomosexual MTF transsexuals reported such a history and Lawrence (2005) observed an even higher figure of 89%. A few nonhomosexual MTF transsexuals deny ever experiencing sexual arousal with cross-dressing or cross-gender fantasy, but there are good reasons to believe that their denials might misrepresent reality. Blanchard, Clemmensen and Steiner (1985) discovered that among nonhomosexual gender dysphoric men, denial of sexual arousal with cross-dressing was correlated with the tendency to otherwise describe oneself in a socially desirable way, suggesting that socially desirable responding might account for some cases of denial. Moreover, Blanchard, Racansky and Steiner (1986) demonstrated using phallometry that sexual arousal to cross-gender fantasy occurred even in transvestites and nonhomosexual gender dysphoric men who denied such arousal. Taken together, these observations suggest that sexual arousal with cross-dressing or cross-gender fantasy is probably almost universal in nonhomosexual MTF transsexuals, even in persons who deny experiencing such arousal.

Observations like these have led many clinicians and researchers to conclude that transvestism and MTF transsexualism exist on a continuum or spectrum of symptomatology. For example, Person and Ovesey (1978) wrote that:

Transvestism, while it may be described as a totally distinct clinical entity, exists on a continuum with . . . [MTF] transsexualism. . . . The transvestic-transsexual continuum is easy to document and has been pointed out by many investigators. (p. 309)

Other clinicians and researchers who have reached similar conclusions include Arndt (1991), Benjamin (1966), Docter (1988), Levine (1993) and Whitam (1987). I subsequently will use the term *nonhomosexual male transgenderism* to refer to the spectrum of clinical entities that includes nonhomosexual MTF transsexualism, transvestic fetishism and intermediate conditions. I will refer to individuals with these conditions as *nonhomosexual transgender males* or *nonhomosexual male transgender persons*, depending on context.

Some examples that illustrate the above points may be helpful. Many of the phenomena I have described – especially the absence of childhood femininity and the ubiquity of sexual arousal with cross-dressing or cross-gender fantasy in nonhomosexual transgender males and the progression from transvestism to transsexualism that they commonly experience – are discussed in Deirdre McCloskey's (1999) autobiography, *Crossing: A memoir*. The author, a respected professor of economics who had been married and had fathered two children, underwent MTF sex reassignment surgery at age 53, in June 1996. Less than a year earlier, however, McCloskey had identified as “just a heterosexual cross-dresser” (p. 48), “just a guy who gets off dressing occasionally as a woman” (p. 50). McCloskey candidly admitted that she displayed no effeminacy during childhood:

I was not effeminate, if that's your theory. I behaved like a boy, dreamed like a boy, *was* a boy. (p. 5, emphasis in original)

McCloskey also revealed that, throughout her life, her cross-dressing consistently had been associated with a sexual response:

Until the spring of 1995, each of the five thousand episodes [of cross-dressing] was associated with quick male sex. (p. 16)

Referring to her male self in the third person, McCloskey described the kind of erotic materials she had once preferred. These involved images of cross-dressed, feminized men who displayed no evidence of possessing male genitalia. She interpreted this preference as reflecting an erotic interest in complete anatomic gender transformation:

His preoccupation with gender crossing showed up in . . . the pornographic magazines he used. There are two kinds of crossdressing magazines, those that portray men in dresses with private parts showing and those that portray them hidden. He could never get aroused by the ones with private parts showing. His fantasy was of complete transformation. (p. 19)

A narrative like McCloskey's, which denies childhood gender-atypicality and explicitly describes the erotic dimension of cross-dressing and its plausible link to MTF gender transition, serves as an effective counterpoint to the many male transgender narratives in which cross-gender identity is emphasized and eroticism is deemphasized or ignored entirely. For this reason, *Crossing* constitutes recommended reading for therapists who work with nonhomosexual male transgender clients. I will present some additional passages from McCloskey's autobiography later in this article.

Nonhomosexual male transgenderism can be conceptualized as a manifestation of a paraphilic sexual interest called *autogynephilia*

Western psychiatry has historically understood transvestic fetishism to represent a disorder of sexual preference, or paraphilia. A few practitioners (e.g. Lev, 2004) deny

that transvestic fetishism is a paraphilia and a few others dismiss the concept of paraphilia entirely (e.g. Moser & Kleinplatz, 2005). But most therapists will probably agree with the views expressed in the DSM-IV-TR and ICD-10, that disorders of sexual preference, such as transvestic fetishism, do indeed exist and that they constitute genuine mental disorders, especially when they are exclusive of other sexual interests or cause distress or disability. As noted earlier, given the many similarities between transvestic fetishism and nonhomosexual MTF transsexualism, one might logically conclude that, if the former condition is a paraphilia, the latter is probably a paraphilia, too.

Blanchard (1989a, 1989b) came to this conclusion, based on extensive research with MTF gender dysphoric persons. He proposed that both transvestic fetishism and nonhomosexual MTF transsexualism could be conceptualized as paraphilic phenomena and he coined the term *autogynephilia* (literally, “love of oneself as a woman”) to describe the paraphilic sexual interest that he believed lay at the heart of both conditions. Blanchard formally defined autogynephilia as “a male’s propensity to be sexually aroused by the thought of himself as a female” (1989b, p. 616). I believe that the concept of autogynephilia is essential to understanding the manifestations of nonhomosexual male transgenderism and is worth considering in detail.

Like many paraphilic sexual interests, autogynephilia often becomes evident well before puberty, sometimes in early childhood. Stoller (1985) and Zucker and Blanchard (1997) reported cases of boys younger than age 3 who asked to wear cross-sex clothing and who experienced penile erections when they did so. Surveys conducted among nonhomosexual transgender men reveal that cross-dressing (often, but not always, erotic) frequently begins before age 7 and usually begins before age 12 (Docter & Prince, 1997; Doorn, Poortinga, & Verschoor, 1994; Schott, 1995).

Transgender males who experience autogynephilia may envy, and desire to emulate, almost any element of female embodiment or behavior. Consequently, autogynephilia can manifest in many different ways. Blanchard (1991) explained that males who experience autogynephilia may be sexually aroused by the fantasy or actuality of: (1) having a female body or aspects of such a body, such as breasts or a vulva (*anatomic autogynephilia*); (2) breast-feeding, menstruating or being pregnant (*physiologic autogynephilia*; see also Buhrich & McConaghy, 1977); (3) engaging in behavior thought to be typical of women, such as going to a beauty salon or engaging in sexual activity with a man (*behavioral autogynephilia*); or (4) wearing women’s clothing (*transvestic autogynephilia*). Not surprisingly, the anatomic type of autogynephilia is especially typical of nonhomosexual MTF transsexuals (Blanchard, 1993a, 1993c), although, as noted earlier, it is also reported by more than a few men with transvestic fetishism. Transvestic autogynephilia, in contrast, is observed across the entire spectrum of nonhomosexual male transgenderism.

For a few nonhomosexual transgender males, autogynephilia may be an exclusive sexual interest, effectively displacing an interest in female partners. In most nonhomosexual transgender males, however, autogynephilia coexists with, and typically competes with, sexual interest in female partners (Blanchard, 1992). The frequent coexistence of autogynephilia and attraction to women led Lawrence (2007) to conclude that nonhomosexual male transgender persons are “men who love women and who want to become what they love” (p. 516). The competition between autogynephilia and sexual interest in female partners that many nonhomosexual

transgender males experience plausibly explains why their autogynephilic desires and enactments typically become weaker or less frequent, and may even temporarily disappear, when they become romantically involved with new female partners (Blanchard, 1992).

The concept of autogynephilia provides a theory of motivation for MTF sex reassignment, in that it proposes that nonhomosexual MTF transsexuals seek sex reassignment primarily because they are sexually aroused by (and love) the idea of having women's bodies and living as women. They want to actualize their autogynephilic fantasies by acquiring women's bodies (or, more accurately, facsimiles of women's bodies) through hormone therapy and genital surgery (Blanchard, 1993a, 1993b, 1993c) and by living as women. This theory can be seen as the logical extension of the widely accepted idea that transvestic fetishists cross-dress primarily because they are sexually aroused by (and love) the idea of wearing women's clothing and impersonating women and want to actualize their transvestic fantasies through cross-dressing. The concept of autogynephilia thus provides an answer to the question posed earlier: if the gender dysphoria that nonhomosexual MTF transsexuals experience cannot be attributed to the presence of female-typical behaviors, attitudes or interests, what *can* it be attributed to? The answer is: the desire of these transsexuals to actualize their autogynephilic feelings and "become what they love" and lust for.

Most nonhomosexual male transgender clients, however, will not explain their own motivations in terms of autogynephilia. Unlike McCloskey (1999), many nonhomosexual transgender males seem unwilling or unable to acknowledge or talk candidly about the erotic aspects of their transgender feelings. Even clients who do acknowledge that their transgender feelings are related to paraphilic sexual desire often seem more comfortable talking about their feelings in terms of gender identity. But, as I will attempt to demonstrate later in this article, an explanatory model like Blanchard's can be useful to therapists, even when it does not agree precisely with what clients are inclined to say about themselves.

Autogynephilia resembles a sexual orientation, in that it has erotic, attraction-based and attachment-based elements

It is important to understand that autogynephilia, like other paraphilias, is defined by erotic desire, but that it has other dimensions that are not explicitly erotic. In this respect, autogynephilia appears to function much like a sexual orientation (Blanchard, 1993a) and I would argue that it genuinely *is* a sexual orientation. Sexual orientations include attraction-based and attachment-based elements, as well as purely lusty or erotic ones (Diamond, 2003; Fisher, 2000; Fisher, Aron, & Brown, 2006; Fisher, Aron, Mashek, Li, & Brown, 2002). The attraction-based elements of a sexual orientation typically involve idealization of, and preoccupation with, the desired person or thing. The attachment-based elements of a sexual orientation typically involve feelings of comfort and security with, the wish to unite with and the wish to form an enduring bond with the desired person or thing (Fisher et al., 2002). Like other sexual orientations, normophilic or paraphilic, autogynephilia encompasses many of the emotions and desires that we associate with the word "love", broadly construed (Lawrence, 2007). Autogynephilic men are sexually aroused by images of themselves as female, but they also love and idealize these feminine self-images, derive feelings of comfort and security from them and typically want to unite themselves with them (i.e. fully embody or experience them), sometimes permanently.

Although the erotic, attraction-based and attachment-based elements of sexual orientations frequently coexist, it is widely recognized that the attachment-based elements (and to some extent the attraction-based elements) can persist after the erotic element has diminished or disappeared (Diamond, 2003; Fisher, 2000; Fisher et al., 2002). In the case of nonhomosexual transgender males, this results in the possibility of sustained attraction to, sustained comfort and security from and the sustained wish for an enduring bond with autogynephilic fantasies or enactments that no longer evoke much lusty erotic desire. Blanchard (1991) described this phenomenon in nonhomosexual MTF transsexuals:

In later years, however, autogynephilic sexual arousal may diminish or disappear, while the transsexual wish remains or grows even stronger. . . . It is therefore feasible that the continuing desire to have a female body, after the disappearance of sexual response to that thought, has some analog in the permanent love-bond that may remain between two people after their initial strong sexual attraction has largely disappeared. (p. 248)

This is consistent with reports by some nonhomosexual transgender males that they are no longer sexually aroused by the idea or act of impersonating or becoming women, but that they still derive feelings of comfort and security from doing or having done so and still experience strong feelings of attraction and attachment to the images or realities of their feminized selves.

Some passages from McCloskey's (1999) autobiography are useful in illustrating the feelings of attraction, comfort, security and pleasure that nonhomosexual transgender males experience in relation to seeing themselves as women, being treated as women, being among women in women's space and otherwise uniting themselves with what they perceive as feminine. Here is McCloskey's description of herself in the third person, selecting a piece of jewelry as a gift for her daughter while being treated as a woman by other women:

In as soft a voice as she could manage and still be audible she discussed the matter with a clerk and another woman customer. They did not give her second looks. It feels so good, she thought, gathering with other women, looking for pieces of love. (p. 214)

McCloskey was looking for "pieces of love" in the form of a gift for her daughter; but perhaps also for herself, in a somewhat different sense. In the next excerpt, again describing herself mostly in the third person, McCloskey segues directly from her desire to be loved by another person to how much she loves to look at images of herself. She concludes that just being a woman is enough for her:

Deirdre wanted someone to love her. Am I not lovable? And especially at night when she thought she would cry. For now just being sufficed. Mirrors. She was addicted to mirrors and to every slanted store window that gave her a side shot. She checked her hair, as other women do, and checked her femininity, which other women do not. She would look at herself in mirrors or shop windows as she walked by, not for long periods but glancingly, in different lights, to see the feminine and go on rejoicing. (pp. 243–244)

Later, McCloskey describes how much she adores the acts and rituals that characterize the tribe she has joined:

She feels duty bound to wash the dishes. It is no longer a favor, but what her tribe does. She puts the clean crystal and silver away with satisfaction. She loves, just loves, the

little favors of womankind, getting a card for someone, making meatloaf for Charles up the street, helping someone through a day of his life. (p. 258)

McCloskey's feelings of adoration for womanhood, and her delight in embodying and enacting it, seem evident here. Parenthetically, I have never heard a homosexual MTF transgender person describe being a woman in remotely similar terms.

Nonhomosexual transgender males vary in the degree to which they acknowledge and value the various elements of autogynephilia. As noted earlier, a few nonhomosexual transgender males deny experiencing the erotic component of autogynephilia at all, although there are good reasons to doubt the accuracy of their denials. Others, including some nonhomosexual MTF transsexuals, candidly admit to autogynephilic eroticism (Lawrence, 2005), although many report that its strength diminishes with time. Most transvestic fetishists acknowledge and appear to enjoy the purely erotic dimension of autogynephilia, but they vary considerably in the extent to which they feel attraction and attachment to images of themselves as feminine or feminized persons, at least as this is reflected in their statements about their preferred selves (Docter & Prince, 1997). Still other nonhomosexual transgender males report that the sexual arousal they sometimes experience in association with cross-dressing or cross-gender fantasy is unintended, unwanted or even distressing (Blanchard & Clemmensen, 1988; Buhrich, 1978). This is especially true of persons who report more intense feelings of gender dysphoria (Blanchard & Clemmensen, 1988), including many nonhomosexual MTF transsexuals.

How should one interpret the statement that sexual arousal associated with cross-dressing or cross-gender fantasy is unwanted or distressing? One would not expect most paraphilic men to regard sexual arousal to their preferred paraphilic stimuli as distressing. The key, I believe, lies in understanding that male-typical sexual arousal and genital response probably seem to discredit the cross-gender identity that many nonhomosexual transgender males develop (see Wassersug et al., 2007). Apparently some nonhomosexual transgender males come to value an uncompromised cross-gender identity more than they value sexual arousal.

In summary, therapists should understand that the conceptual model presented here proposes that nonhomosexual male transgenderism has its origins in autogynephilic eroticism, but that autogynephilia is a complex phenomenon, involving elements that may have little to do with eroticism per se. The non-erotic elements of autogynephilia, and especially the attachment-based elements, may persist even when erotic desire diminishes, disappears or is experienced as unwanted. Many nonhomosexual transgender males also appear to find the non-erotic elements of autogynephilia more socially acceptable, more consistent with their identities, more personally salient or just easier to talk about, than the purely erotic elements.

In nonhomosexual male transgenderism, cross-gender identity can be understood as an outgrowth of autogynephilia

At this point, some readers may recall a question I posed earlier and wonder: given that transsexualism is considered a disorder of gender identity in the DSM-IV-TR and the ICD-10 and given that men with transvestic fetishism not uncommonly express a partial or preferential cross-gender identity, might it not be equally or more

useful to think about nonhomosexual male transgenderism primarily as a disorder of gender identity, rather than primarily as a paraphilic sexual orientation?

There is something to be said for this point of view. Issues of gender identity are, after all, what many nonhomosexual male transgender clients will most want to explore with their therapists. It is essential, then, that therapists be able to think and speak in those terms. The quest for meaningful personal identity is, of course, an important issue for many contemporary adults, not just individuals with gender concerns (Person, 1992); identity concerns not uncommonly become a focus of therapeutic work with many clients. So, the cross-gender identities of nonhomosexual male transgender clients are indeed important. But I propose that it is useful to think about those cross-gender identities as growing out of the autogynephilic sexual orientation that these persons experience.

It should not be surprising that paraphilic sexual orientations generally, and autogynephilic sexual orientations specifically, exert powerful influences on the identities of persons who experience them. In contemporary Western societies, sexual orientation contributes significantly to personal identity in individuals with conventional sexual orientations, such as homosexuality or heterosexuality (Katz, 1995). It appears that in paraphilic sexual orientations, too, "erotic intentions shape identity" (Levine, Risen, & Althof, 1990, p. 95). Person (1980) proposed that an individual's unique sexual orientation, or "sex print", can be an especially significant contributor to personal identity in the case of uncommon sexual preferences, including paraphilic sexual orientations:

Because it is revealed rather than chosen, sexual preference is felt as deeply rooted and deriving from one's nature. To the degree that ... sexuality is valued, one's sexual "nature" will be experienced as more or less central to personality. To the extent that an individual's sex print "deviates" from the culture's prescription for sexuality, it may be experienced as even more central to identity (at least in this culture). So, for example, many transsexuals and transvestites report both relief and a sense of personality consolidation when "I found out what I am," when "I found out there were others like me." (p. 51)

Moreover, one would expect that an autogynephilic sexual orientation would contribute especially strongly to personal identity, because it defines the autogynephilic person's idealized self: the female persona that the individual wants to resemble or become. It is easy to understand, then, why some nonhomosexual transgender males would feel as though their cross-gender desires and enactments were identity-driven. But, in the conceptual model I am describing, autogynephilia can fully account for the existence of cross-gender identity in nonhomosexual transgender males.

I agree with Serano (2008) that it would be unfortunate if the concept of autogynephilia led therapists, or anyone else, to conclude that the "female gender identities [of MTF transsexuals] are not to be taken seriously" (p. 492). On the contrary: The realization that paraphilic sexual orientations generally, and autogynephilic sexual orientations particularly, are likely to significantly influence personal identity suggests that therapists should take the female gender identities of their autogynephilic clients very seriously. But I believe that therapists will find it useful, as well as parsimonious, to be able to think about the cross-gender identities of their nonhomosexual male transgender clients as secondary, derivative phenomena that can be understood as outgrowths of autogynephilia.

Understanding nonhomosexual male transgenderism as a paraphilic phenomenon facilitates case conceptualization and informs therapy

The model that understands nonhomosexual male transgenderism to be a paraphilic phenomenon has important implications for case conceptualization and therapy. It provides a broad explanatory framework for thinking about nonhomosexual male transgender clients and it offers explanations for several specific observations about nonhomosexual male transgenderism that therapists might otherwise find difficult to understand.

In the most general terms, this model invites therapists to maintain an awareness that nonhomosexual male transgender clients, however else we may think of them, can also be thought of as males with a paraphilic sexual orientation. Their particular paraphilia, which makes them want to impersonate or become women, is a relatively harmless one; but it is a paraphilia nonetheless. This general observation leads to several more specific ones: because their desire for cross-gender expression arises from paraphilic male sexuality, nonhomosexual transgender males are likely to feel a powerful drive to enact their paraphilic desires, sometimes with little concern for possible consequences. Because these clients have one paraphilia, there is an increased likelihood that they may have still other paraphilias, some of which may play significant roles in their erotic and non-erotic lives. Because the paraphilic desires of these clients often involve the wish to enact cross-gender sexual roles, their choices of sexual partners become easier to understand, even if at first those choices appear puzzling. Because nonhomosexual transgender males, like other males with paraphilias, may find it difficult to cope with their paraphilic feelings, they may welcome and benefit from pharmacological help in doing so.

Males with and without paraphilias often feel a powerful drive to act out their sexual desires; when those desires are paraphilic, the drive to enact them may be experienced as especially powerful (Money, 1986). Nonhomosexual male transgender clients often feel intensely driven to present themselves in public as women and to undergo cross-sex hormone therapy and feminizing surgical procedures, even at the risk of losing their jobs, their families and the good opinion of others. Consistent with the model that emphasizes gender identity, these clients typically explain their desires as the outgrowth of some deeply concealed and long-suppressed feminine qualities; but their appearance, behavior and interests usually are not especially feminine and they usually have lived successfully as men for their entire lives. Consequently, therapists may find these gender-based explanations implausible or incomplete. If therapists can think about cross-gender expression in nonhomosexual male transgender clients as driven by paraphilic sexuality – specifically, by autogynephilia – then the desires and behaviors of these men become easier to understand. Everyone is aware that men (and by extension, transgender males) sometimes are willing to put their careers, their relationships and their reputations at risk in order to gratify their sexual desires. Thinking about nonhomosexual male transgenderism as a paraphilic phenomenon, and understanding that the cross-gender enactments these clients engage in plausibly represent the actualization of paraphilic sexual desires, makes these behaviors more easily comprehensible.

Many researchers and clinicians have observed a higher than expected prevalence of paraphilic interests, especially sadomasochism and fetishism, among MTF transsexuals who are primarily nonhomosexual (Bolin, 1988; Hoenig & Kenna, 1974; Walworth, 1997), among transvestic fetishists (Abel & Osborn, 1992; Gosselin &

Wilson, 1980; Långström & Zucker, 2005; Schott, 1995; Steiner, Sanders, & Langevin, 1985; see also Beigel & Feldman, 1963; Chivers & Blanchard, 1996) and among groups consisting of both nonhomosexual MTF transsexuals and transvestic fetishists (Wilson & Gosselin, 1980). This observation will come as no surprise to many therapists who are experienced with nonhomosexual male transgender clients, but it is hard to reconcile with gender-identity-based models that propose that nonhomosexual male transgender persons are, in some meaningful ways, similar to women. Paraphilic sexuality is rare, almost non-existent, in women (APA, 2000). If therapists remember that nonhomosexual male transgenderism can be understood to be an outgrowth of autogynephilia, however, then the increased prevalence of other paraphilic sexual interests in these men is not only understandable, but predictable. Paraphilias tend to co-occur and males with one paraphilia are more likely to have one or more *other* paraphilias than would be expected on the basis of chance alone (Abel & Osborn, 1992; Wilson & Gosselin, 1980). Clinicians who work with nonhomosexual male transgender clients should not be surprised to encounter other paraphilias in these clients; sometimes these paraphilias will be even more salient to the client's concerns than autogynephilia (e.g. Lawrence, 1999b, narrative 6). In some situations, therapists may want to ask their nonhomosexual male transgender clients specifically about the existence of other paraphilic interests.

Nonhomosexual transgender males who have been attracted to women all their lives sometimes develop a sexual interest in male partners in connection with their cross-gender expression. Because it is widely accepted that sexual orientation in males is immutable in adulthood (Pillard & Bailey, 1995; Swaab, 2007), this newfound interest in male partners is likely to be puzzling to many therapists; sometimes it is puzzling to the clients themselves. Additionally, nonhomosexual transgender males who do not live full-time as women and who engage in sex with men usually do so only when cross-dressed and not at other times. If their sexual attraction to male partners is genuine, why would they act on it only when cross-dressed? The key to understanding these phenomena lies in appreciating that transgender males who experience autogynephilia may envy and eroticize any element of women's behavior and that one female-typical behavior they commonly eroticize is taking a woman's sexual role in relation to a male partner (Blanchard, 1991). According to this conceptual model, there is little or no sexual attraction to the male partner *per se*; what is sexually attractive is the experience of behaving like a woman sexually in relationship to a man (for an illustrative case report, see Lawrence, 2004, p. 80). Blanchard (1991) observed that the fantasies that nonhomosexual transgender males have about men usually place little emphasis on the specific characteristics of the imagined male partner: often the fantasized partner is faceless or vaguely described and seems to be valued primarily for his ability to validate the femininity of the transgender person, rather than as a desirable partner in his own right. In my clinical experience, nonhomosexual male transgender clients often love the way their male partners make them feel, but they rarely express much love for the men themselves. This has predictable consequences for the longevity of many of their relationships with men, but it also means that they recover much more quickly from the breakup of these relationships than do their homosexual male transgender counterparts.

A model that understands nonhomosexual male transgenderism to be a paraphilic phenomenon can help therapists to better understand the effectiveness of feminizing hormone therapy in the treatment of nonhomosexual male

transgenderism. Males with paraphilias often find it challenging to cope with their paraphilic feelings and may welcome pharmacologic treatment that helps to moderate those feelings (Krueger & Kaplan, 2001); this observation may be relevant to many nonhomosexual MTF transsexuals. From this perspective, feminizing hormone therapy is more than an aid to help MTF transsexuals transform their bodies. Hormone therapy has mental and emotional effects that arguably are as important as, if not more important than, its purely physical ones. Many investigators have observed that feminizing hormone therapy reduces emotional distress in MTF transgender persons (Cohen-Kettenis & Gooren, 1992; Leavitt, Berger, Hoepfner, & Northrop, 1980; Wassersug et al., 2007). One way in which hormones may accomplish this is by reducing libido and decreasing unwanted autogynephilic arousal that might otherwise contradict or discredit cross-gender identity (Lawrence, 2004; Wassersug et al., 2007). As noted earlier, nonhomosexual MTF transsexuals often do not like the sexual arousal that sometimes accompanies their cross-gender fantasies or behaviors.

Conceptualizing feminizing hormone therapy as a means of controlling paraphilic sexual feelings has implications for its recommendation by therapists. Feminizing hormone therapy might benefit significantly more nonhomosexual transgender males than currently receive it, especially those who consider themselves heterosexual cross-dressers. Many of these individuals express a desire for feminizing hormones (Docter & Prince, 1997), which plausibly reflects their untreated gender dysphoria related to anatomic autogynephilia, unwanted autogynephilic sexual arousal or both. Although the most recent edition of the *Standards of Care for Gender Identity Disorders* (Meyer et al., 2001) allows provision of feminizing hormone therapy to persons who do not wish to live full-time as women, many therapists do not typically recommend hormone therapy for such persons. Therapists who understand the concept of autogynephilia and its implications might consider recommending feminizing hormone therapy more liberally.

The autogynephilia-based conceptual model has at least one other important implication for the conduct of therapy. Because paraphilic sexual orientations, like normophilic sexual orientations, appear to be immutable in adult males, the desires associated with nonhomosexual male transgenderism should be understood as being as unchangeable as the desires associated with other male sexual orientations, such as heterosexuality or homosexuality. Autogynephilic desires may wax and wane in intensity and may sometimes remit for a year or more, especially if the transgender male begins a new romantic relationship with a female partner, but they cannot be expected to disappear completely. A simple explanation to this effect is, in my opinion, one of the most important therapeutic interventions that therapists can offer their clients. I provide such an explanation to almost all of my nonhomosexual male transgender clients:

Your transgender feelings and desires are an outgrowth of what is, in effect, your own unique sexual orientation. We know that sexual orientations in men do not change, and that they cannot be changed by any treatment. Your transgender feelings may fluctuate in intensity over time – sometimes stronger, sometimes weaker – but they will never go away entirely. You will be dealing with them, in one form or another, as long as you live.

Even clients who report that they had come to this conclusion independently seem to appreciate hearing it stated clearly and unequivocally by a therapist.

This conceptual model facilitates respectful, empathetic therapeutic work with nonhomosexual male transgender clients

The conceptual model that understands nonhomosexual male transgenderism to be a manifestation of autogynephilia is controversial in some circles. Some nonhomosexual MTF transsexuals and other nonhomosexual transgender males have criticized this model as stigmatizing and inconsistent with their senses of themselves (e.g. Serano, 2008; Wyndzen, 2008), although others have applauded it as accurate and validating (Lawrence, 1999a, 1999b). Consequently, therapists may wonder whether adopting this conceptual model might create a barrier to empathy or might be disrespectful of their clients. On the contrary, I would suggest that this conceptual model facilitates respectful, empathetic therapeutic work with clients.

Most therapists will probably recognize that conceptual models of mental disorders can sometimes be useful, even when they are inconsistent with what clients think or say about themselves or when clients regard them as stigmatizing. For example, a therapist might find it useful to think about a client's attitudes and behaviors as reflecting a narcissistic personality disorder, but would not necessarily expect the client to agree with this conceptual model and would not ordinarily discuss the model with the client, who might indeed consider it stigmatizing. I would argue that in this case, the conceptual model of narcissistic personality disorder does not necessarily interfere with empathy, but can actually facilitate it, by reminding the therapist that the client may have feelings and beliefs that are unexpressed or disowned. It is rarely advisable for therapists to disclose everything they know or believe. This applies particularly to their utilization of conceptual models of mental disorders, including the paraphilic model of nonhomosexual male transgenderism.

Accordingly, I would not advise therapists to routinely ask their nonhomosexual male transgender clients about "autogynephilia". The concept and the word itself are controversial enough that some clients might be upset simply by hearing the therapist refer to it. I would advise therapists, however, to routinely ask their nonhomosexual male transgender clients whether they have experienced sexual arousal with cross-dressing or imagining themselves to be female. Some clients will emphatically deny such arousal. Others will acknowledge it, but only as a past or unimportant phenomenon. Still others will not only acknowledge such arousal, but will describe it as an important element of their transgender feelings. Whatever the response, therapists will have accomplished something useful by raising the question – they will have let their clients know they understand that erotic feelings often occur in association with cross-gender fantasies or enactments and that it is entirely permissible to experience and to talk about such feelings.

In my experience, nonhomosexual male transgender clients who deny or minimize sexual arousal with cross-dressing or cross-gender fantasy are unlikely to interpret such an inquiry as disrespectful or unempathetic, as long as therapists do not display skepticism. Therapists can still safely assume that autogynephilia underlies the transgender feelings of these clients, but that the clients prefer to think about their feelings in other terms, such as cross-gender identity or suppressed internal femininity. In my opinion, it is neither accurate, nor conducive to empathetic therapeutic work, to assume that clients who deny or minimize autogynephilic sexual arousal are lying about their feelings (cf. Bailey, 2003). I used to believe that such clients lacked insight; now I tend to believe they are simply proficient at ignoring feelings that produce cognitive dissonance or that appear to call into question their transgender life plans.

A conceptual model that understands autogynephilia to be at the heart of nonhomosexual male transgenderism is especially conducive to respectful, empathetic care of clients who acknowledge autogynephilic eroticism and understand its meaning and importance. This is particularly true for clients who are on the transsexual end of the clinical spectrum. Not many nonhomosexual MTF transsexuals are brave enough to openly acknowledge their autogynephilic feelings and the central role these feelings often play in their transsexual experience. Such admissions constitute “forbidden narratives” (Dreger, 1998). They conflict with the dominant paradigm for understanding MTF transsexualism, which emphasizes gender identity and long-suppressed internal femininity and denies or deemphasizes sexuality (Ekins & King, 2006). There are those in the transgender community who are eager to punish MTF transsexuals who acknowledge the importance of autogynephilia. One accusation commonly made is that these individuals are somehow not “legitimately” transsexual. As a result, MTF transsexuals who cannot ignore the erotic component of their desires can often feel confused, ashamed or alienated from the broader community of transgender persons (see Lawrence, 1999a, 1999b). In my experience, the therapist’s acknowledgement that autogynephilic feelings are not only completely consistent with genuine transsexualism, but are extremely widespread among nonhomosexual MTF transsexuals, is likely to help these clients experience less shame and greater self-acceptance. I regard this as one of the most respectful, empathetic messages that therapists can convey to their nonhomosexual male transgender clients.

Finally, understanding that nonhomosexual male transgenderism is a paraphilic phenomenon can help therapists empathetically appreciate the overwhelming romantic passion that often characterizes the transgender journeys of nonhomosexual males, especially those at the transsexual end of the spectrum. Conceptual models that focus on achieving congruence between gender identity, gender role and the sexed body can help therapists appreciate the relief and sense of peace that many MTF transsexuals experience with transition, but such models do not speak directly to their experiences of delight, ecstasy and passion. In my experience, many nonhomosexual MTF transsexuals need little encouragement to reveal that they feel they have undertaken the most exciting, “sexy”, wonderful adventure of their lives. Therapists should not ignore these feelings. Money (1986) believed that “a paraphilic attraction is the equivalent of the normophilic attraction of falling in love” (p. 38) and I think that the feelings associated with falling in love are similar to what many nonhomosexual MTF transsexuals seem to experience during gender transition. Paraphilic sexual orientations define what persons with paraphilias love, not just what they lust after; the conceptual model I have outlined can help therapists remember that, for better or for worse, the journeys of many nonhomosexual MTF transsexuals are ultimately journeys of love.

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