



Autogynephilia and the Typology of Male-to-Female Transsexualism

Concepts and Controversies

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Abstract: Sexual scientists have recognized for over a century that biologic males who seek sex reassignment – male-to-female (MtF) transsexuals – are not a homogeneous clinical population but comprise two or more distinct subtypes with different symptoms and developmental trajectories. The most widely used typologies of MtF transsexualism have been based on sexual orientation and have distinguished between persons who are *androphilic* (exclusively sexually attracted to males) and those who are *nonandrophilic* (sexually attracted to females, both males and females, or neither gender). In 1989, psychologist Ray Blanchard proposed that most nonandrophilic MtF transsexuals display a paraphilic sexual orientation called *autogynephilia*, defined as the propensity to be sexually aroused by the thought or image of oneself as a woman. Studies conducted by Blanchard and colleagues provided empirical support for this proposal, leading to the hypothesis that almost all nonandrophilic MtF transsexuals are autogynephilic, whereas almost all androphilic MtF transsexuals are not. Blanchard's ideas received increased attention in 2003 after they were discussed in a book by psychologist J. Michael Bailey. The concept of autogynephilia subsequently became intensely controversial among researchers, clinicians, and MtF transsexuals themselves, causing widespread repercussions. This article reviews the theory of autogynephilia, the evidence supporting it, the objections raised by its critics, and the implications of the resulting controversy for research and clinical care.

Keywords: autogynephilia, transsexualism, sexual orientation, paraphilia, gender dysphoria

Despite increasing recognition of the wide range of gender-atypical identities and behaviors that humans exhibit, there is still considerable popular and scientific interest in adolescents and adults who manifest extreme discomfort with their biologic sex or assigned gender. These persons are referred to as transsexuals. Transsexualism remains an official diagnosis in the most recent edition of the *International Classification of Diseases* (World Health Organization, 1992). In the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), the diagnosis of Transsexualism appeared in the DSM-III and DSM-III-R (American Psychiatric Association [APA], 1980, 1987) but was subsumed under the more inclusive diagnoses of Gender Identity Disorder (GID) in the DSM-IV and DSM-IV-TR (APA, 1994, 2000) and Gender Dysphoria in the DSM-5 (APA, 2013). The DSM-5 GID Subworkgroup (Zucker et al., 2013) proposed that the term transsexualism was applicable to

the sex characteristics of his/her body, and wants to adjust his/her body as much as technically possible in the direction of the desired gender. (p. 905)

Biologic males with transsexualism, referred to as male-to-female (MtF) transsexuals, significantly outnumber their female-to-male (FtM) counterparts and display greater clinical diversity. Accordingly, particular scientific and clinical interest has been devoted to formulating descriptive typologies of MtF transsexualism, some of which have also been applied to FtM transsexualism. Most MtF transsexual typologies have used either sexual orientation or age of onset of symptoms as the basis for categorization (for a review, see Lawrence, 2010a). Typologies based on sexual orientation have been more widely utilized and were relatively uncontroversial until about 2003. Specifiers based on sexual orientation (i.e., sexually attracted to males, females, both, or neither) were used to define typologies (subtypes) of transsexualism and GID in the DSM-III, III-R, IV, and IV-TR (APA, 1980, 1987, 1994, 2000). When applied to MtF transsexuals, these four-category typologies have often been simplified to distinguish only two

a person who identifies completely with the other gender, can only relax when permanently living in the other gender role, has a strong aversion against

fundamental subtypes: persons attracted exclusively to males (*androphilic* MtF transsexuals) and persons attracted to females, males and females, or neither gender (*nonandrophilic* MtF transsexuals). Androphilic MtF transsexuals are also called *homosexual* MtF transsexuals, because they are exclusively homosexual relative to natal sex, whereas nonandrophilic MtF transsexuals are also called *nonhomosexual* MtF transsexuals, because they are not exclusively homosexual relative to natal sex (Lawrence, 2013).

In the late 1980s, psychologist Ray Blanchard proposed that almost all nonandrophilic MtF transsexuals exhibit a paraphilic sexual orientation he called *autogynephilia* (literally “love of oneself as a woman”; Blanchard, 1989a, p. 323), which he formally defined as “a male’s propensity to be sexually aroused by the thought of himself as a female” (Blanchard, 1989b, p. 616). Autogynephilia was recognized in the DSM-IV-TR (APA, 2000) as a symptom of many cases of GID in males (p. 578) and most cases of Transvestic Fetishism (p. 574). Autogynephilia became a controversial topic after it was discussed in a contentious book by psychologist Bailey (2003). Autogynephilia and the ideas associated with it, including transsexual typologies based on sexual orientation, have subsequently been criticized by some clinicians and researchers and by many transsexual activists. Autogynephilia and the typology of MtF transsexualism is therefore an appropriate topic for this special issue of *European Psychologist*.

History and Development of the Concept of Autogynephilia

Several detailed accounts of the clinical observations and research that gave rise to the concept of autogynephilia and the theories associated with it have been published (Blanchard, 2005; Lawrence, 2011, 2013). This section offers a concise summary, intended to provide the background necessary to understand the ensuing controversies.

Blanchard’s realization of the conceptual link between transsexual subtypes based on sexual orientation and the phenomenon that he would later call autogynephilia derived from decades of earlier observations concerning transvestism or erotic cross-dressing, MtF transsexualism, and the relationship between them. By the early 1980s, many clinicians had recognized that there were at least two distinctly different types of MtF transsexualism, plausibly reflecting entirely different etiologies (for a review, see Lawrence, 2010a). No one MtF transsexual typology, however, was generally accepted. Although transvestism was generally regarded as a disorder of sexuality – a paraphilia – and MtF transsexualism as a disorder of gender identity, clinicians had observed many

similarities and connections between the two conditions. Specifically:

- transvestism sometimes evolved into MtF transsexualism (Lukianowicz, 1959);
- the boundary separating transvestism and MtF transsexualism was not distinct (Benjamin, 1966);
- both transvestites and MtF transsexuals experienced types of cross-gender identities (Stoller, 1968);
- some MtF transsexuals were effeminate and androphilic, whereas others were primarily sexually attracted to women (*gynephilic*) and had a history of transvestic fetishism (Money & Gaskin, 1970–1971);
- the essential fantasy for transvestites, as well as for MtF transsexuals, was becoming a woman, not just dressing as one (Ovesey & Person, 1976);
- MtF transsexualism was nearly always associated with either (a) androphilia and childhood femininity or (b) gynephilia and erotic arousal in association with cross-dressing or cross-gender fantasy (Freund, Steiner, & Chan, 1982).

Operating from this background, Blanchard began to investigate the relationship between sexual orientation and what he would later call autogynephilia. In an early study, Blanchard (1985) divided 163 MtF transsexual participants into four groups based sexual orientation: a androphilic group, a gynephilic group, a bisexual group (attracted to both sexes), and an *analloerotic* group (not attracted to other people). He found that 73% of the combined gynephilic, bisexual, and analloerotic participants reported a history of sexual arousal with cross-dressing, compared with only 15% of the androphilic participants. The observed relationship between sexual orientation and sexual arousal with cross-dressing was statistically strong, with a calculated effect size of .58 (see Table 1). Based on this evidence, Blanchard reaffirmed Freund et al.’s (1982) conclusion that there were probably only two basic subtypes of MtF transsexuals: a nonandrophilic subtype, composed of persons who, like transvestites, had a history of sexual arousal with cross-dressing; and an androphilic subtype, composed of persons without any history of erotic cross-dressing.

More evidence of the strong relationship between autogynephilia and sexual orientation emerged in research by Blanchard, Clemmensen, and Steiner (1987). They studied 125 gender dysphoric males and found that 82% of nonandrophilic participants gave a history of sexual arousal with cross-dressing, compared with only 10% of androphilic participants, yielding an effect size of .72 (see Table 1). The nonandrophilic participants were also significantly older at time of assessment and reported a significantly later onset of cross-gender wishes. Blanchard et al. interpreted these data as “consistent with the view that heterosexual

Table 1. Associations between sexual orientation and autogynephilia in male-to-female transsexuals and transgender persons

Study	Nonandrophilic/ Autogynephilic	Nonandrophilic/ Nonautogynephilic	Androphilic/ Autogynephilic	Androphilic/ Nonautogynephilic	Cohen's ω
Blanchard (1985)	46	17	15	85	.58
Blanchard, Clemmensen, and Steiner (1987)	60	13	5	47	.72
Lawrence (2005)	178	21	6	9	.36
Smith, van Goozen, Kuiper, and Cohen-Kettenis (2005)	28	16	18	40	.32
Nuttbrock et al. (2011)	131	48	90	301	.48
Total	443	115	134	482	.58

Note. The four center columns display numbers of participants.

[nonandrophilic] and homosexual [androphilic] gender dysphoria are likely to prove etiologically distinct conditions" (p. 149). The postulated etiological distinction was this: Androphilic MtF transsexuals were extremely feminine androphilic men whose cross-gender identities derived from their female-typical attitudes, behaviors, and sexual preferences. Nonandrophilic MtF transsexuals, in contrast, were conventionally masculine, fundamentally gynephilic men who resembled transvestites in that they experienced paraphilic arousal from the fantasy of being women (autogynephilia); their cross-gender identities derived from their autogynephilic sexual orientations.

The Concept of Autogynephilia

Blanchard introduced the term autogynephilia in two articles published in 1989. In the first of these (Blanchard, 1989a), he described past and current efforts to frame clinically useful typologies of MtF transsexualism; he concluded that autogynephilia was an appropriate term to describe the paraphilic sexual interest that apparently gave rise to both transvestism and nonandrophilic MtF transsexualism. He noted that many different fantasies or behaviors could be a source of autogynephilic arousal: wearing women's clothing, having female-typical physical features or physiologic capabilities (e.g., becoming pregnant), engaging in female-typical social behaviors, or being admired or sexually desired as a woman by another person.

In a second article, Blanchard (1989b) described new scales for measuring elements of autogynephilia. He studied 212 MtF transsexuals, whom he again divided into four groups based on sexual orientation. On the Core Autogynephilia Scale, which measured self-reported sexual arousal in association with the fantasy of having female anatomic features, the three nonandrophilic groups reported significantly higher scores than the androphilic group. On the Autogynephilic Interpersonal Fantasy scale, which measured self-reported sexual arousal in association with the fantasy of being admired as a female by another

person, the bisexual group reported significantly higher scores than the other three groups. This latter finding suggested that bisexual MtF transsexuals' "interest in male sexual partners is mediated by a particularly strong desire to have their physical attractiveness as women validated by others" (Blanchard, 1989b, p. 622). This point is essential to understanding how autogynephilia affects self-reported sexual orientation: Blanchard theorized that a substantial number of fundamentally gynephilic MtF transsexuals develop a secondary sexual interest in male partners – he called this interest *pseudoandrophilia* – based on the autogynephilic desire to have their femininity validated by the admiration or sexual interest of men. Pseudoandrophilic transsexuals might describe themselves as bisexual or might declare that they had become exclusively attracted to men (i.e., androphilic).

Other studies have also investigated the relationship between autogynephilia and sexual orientation in MtF transsexuals (Lawrence, 2005; Smith, van Goozen, Kuiper, & Cohen-Kettenis, 2005) and in MtF transgender persons, only some of whom could be classified as transsexuals (Nuttbrock et al., 2011). The results of these three investigations are summarized in Table 1: All reported medium-to-large effect sizes. When data from the five studies in the Table 1 are combined, the overall effect size is .58. In each of these studies, however, many ostensibly androphilic MtF persons reported experiencing autogynephilia, whereas many ostensibly nonandrophilic persons denied experiencing it. How could Blanchard's theory account for these deviations from its predictions?

Explaining Deviations From the Predicted Relationship Between Autogynephilia and Sexual Orientation

Autogynephilic transsexuals tend to underreport autogynephilic arousal and overreport androphilic attraction, and these tendencies provide the most straightforward explanation of deviations from the predicted relationship between

autogynephilia and sexual orientation. MtF transsexuals and transgender persons routinely minimize or deny autogynephilic arousal in association with cross-dressing or cross-gender fantasy for reasons that probably are often unintentional but sometimes are clearly deliberate. Blanchard, Racansky, and Steiner (1986) measured changes in penile blood volume in 37 transvestites and nonandrophilic gender dysphoric males who listened to audio recordings describing various sexual and nonsexual scenarios, including cross-dressing and solitary nonsexual activity. Participants who denied experiencing sexual arousal with cross-dressing during the past year – some of whom denied *ever* having experienced it – displayed significantly greater increases in penile blood volume in response to the cross-dressing scenario than to the nonsexual scenario, indicating measurable, albeit perhaps unrecognized, physiologic arousal. Moreover, Blanchard, Clemmensen, and Steiner (1985) reported that in nonandrophilic men with gender dysphoria, a tendency to describe oneself in a socially desirable way was correlated with a tendency to deny sexual arousal with cross-dressing, suggesting an explanation for the underreporting of autogynephilic arousal. More recently, Zucker et al. (2012) found that, among 96 adolescent boys referred to a gender clinic because of transvestism, 47% denied sexual arousal on every item of a 10-item scale measuring transvestic fetishism, although this was precisely the problem for which they had been referred. In this study, too, a tendency to socially desirable responding was associated with denial of sexual arousal with cross-dressing. Although denial of autogynephilic arousal may often be unintentional, sometimes it is deliberate: Walworth (1997) reported that 13% of 52 MtF transsexuals she surveyed admitted having lied to or misled their therapists about sexual arousal while wearing women's clothing. Lawrence (2013) presented several narratives by MtF transsexuals who had concealed or lied about autogynephilic arousal, both to psychotherapists and to other transgender persons.

Similarly, MtF transsexuals often inaccurately report being sexually oriented toward men (androphilic), either unintentionally or deliberately. For example, in a study by Nieder et al. (2011), of 44 males diagnosed with late-onset gender dysphoria – many of whom were plausibly autogynephilic – 52% reported that they were sexually attracted to men; but the clinicians who evaluated them believed that only 9% were actually androphilic. In some cases, autogynephilic MtF transsexuals who claim to be attracted to men may simply be experiencing attraction to the idea of having their femininity validated by men, a different phenomenon. Some nonandrophilic MtF transsexuals, however, candidly admit to having lied to their therapists about attraction to men (Blanchard, Steiner,

& Clemmensen, 1985; Walworth, 1997). Cohen-Kettenis and Pfäfflin (2010) also drew attention to this tendency:

It is likely that, depending on the criteria of access to treatment in a specific treatment facility, applicants adjust their biographical data with regard to sexuality. This makes the quality of the information, especially when given during clinical assessment, questionable. (p. 507)

Cohen-Kettenis and Pfäfflin even proposed that resistance to the concept of autogynephilia might itself be responsible for some of the unreliability in the reporting of sexual orientation:

The term autogynephilia, which is used for one subtype, is considered highly offensive by some... It is therefore likely that... the increased awareness regarding the sexual orientation issue has led to less reliable reports of sex reassignment applicants on their sexual orientation. (p. 508)

Thus, many observed deviations from the theorized association between autogynephilia and sexual orientation in MtF transsexuals are plausibly attributable to misreporting of either autogynephilic arousal or sexual orientation (but not both) by putatively nonandrophilic MtFs. Misreporting of both autogynephilic arousal and sexual orientation by putatively nonandrophilic MtFs undoubtedly also occurs but would not result in any discrepancy from the predicted association.

Yet another factor probably also contributes to observed deviations from the predictions of Blanchard's theory: Not all cases of MtF transsexualism are clearly related to either extreme femininity in androphilic men or sexual arousal with cross-dressing or cross-gender fantasy in nonandrophilic men. Some cases of MtF transsexualism are associated with and plausibly attributable to other comorbid psychiatric disorders, especially psychotic conditions such as schizophrenia or bipolar disorder. Á Campo, Nijman, Merckelbach, and Evers (2003) reported on a large survey of Dutch psychiatrists, who had evaluated 584 patients with cross-gender identification and possible GID; in 46% of these patients, the psychiatrists interpreted cross-gender identification as an epiphenomenon of other psychiatric problems, including psychotic, mood, dissociative, and personality disorders. Brown and Jones (2016) observed that, among 5,135 persons (69% male) diagnosed with GID, transsexualism, or transvestism who had received care from the U.S. Veterans Administration, 32% had also received a diagnosis of "serious mental illness," meaning "diagnoses associated

with psychotic symptoms” (p. 128), including schizophrenia- and bipolar-spectrum disorders. Thus, comorbid psychotic disorders and other severe mental illnesses may account for some cases of MtF transsexualism in nonandrophilic persons who deny autogynephilia – and for some cases of MtF transsexualism in androphilic persons as well.

Autogynephilia as a Paraphilic Sexual Orientation

When Blanchard first introduced the term autogynephilia, he described it as not merely an erotic propensity but as a genuine sexual orientation, theorizing that “all gender dysphoric males who are not sexually oriented toward men are instead sexually oriented toward the thought or image of themselves as women” (Blanchard, 1989a, pp. 322–323). He later elaborated:

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 heterosexual and homosexual 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, 1993, p. 306)

Sexual orientations are characterized by feelings of attraction, idealization, and attachment in addition to feelings of erotic desire (Diamond, 2003). Autogynephilia, like other sexual orientations, can encompass all the phenomena commonly associated with the word *love* (Lawrence, 2007). Autogynephilic MtF transsexuals are sexually aroused by imagining themselves as female but also idealize the idea of being female, derive feelings of security and comfort from their autogynephilic fantasies and enactments, and typically want to embody their feminine identities in an enduring way (i.e., by undergoing sex reassignment).

Of the elements that comprise sexual orientations, erotic desire is often the most evanescent in any particular relationship: attraction and attachment can persist long after erotic arousal has diminished. For autogynephilic MtF transsexuals, this implies the potential to feel continuing attraction to and comfort from autogynephilic fantasies and enactments that may have lost much of their initial erotic charge. Blanchard (1991) observed:

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)

Among nonandrophilic MtF transsexuals who report that they have ceased to experience sexual arousal from autogynephilic fantasies or behaviors, it is plausible that loving the idea of being a woman, finding this comforting, and wanting to enact a woman’s role permanently may continue to be important ongoing manifestations of an autogynephilic orientation.

Autogynephilia as a Motive for Seeking Sex Reassignment

In addition to describing a sexual orientation and defining a transsexual typology, autogynephilia provides an implicit theory of motivation for the pursuit of sex reassignment by autogynephilic males: It suggests that they seek sex reassignment because they love (i.e., experience attraction, sexual arousal, and comfort from) the prospect of having bodies that resemble women’s bodies and living in the world as women (Lawrence, 2007). These MtF transsexuals undergo sex reassignment to actualize their autogynephilic fantasies. This explanation is no more remarkable than the explanation that men with fetishistic transvestism cross-dress because they want to actualize their transvestic fantasies.

Autogynephilia appears to give rise to the desire for sex reassignment gradually and indirectly, however, through the creation of cross-gender identities that are eventually associated with gender dysphoria and then provide most of the proximate motivation for the pursuit of sex reassignment. The cross-gender identities of autogynephilic MtF transsexuals are thus theorized to be secondary phenomena that develop incrementally after years of partial and complete cross-dressing in private, cross-dressing in public, and choosing a female name. Docter (1988) observed that in the nonandrophilic cross-dressing men he studied, including those who eventually sought sex reassignment:

79% did not appear in public cross dressed prior to age 20; at that time, most of the subjects had already had several years of experience with cross dressing. The average number of years of practice with cross dressing prior to owning a full feminine outfit was 15. The average number of years of practice with cross dressing prior to adoption of a feminine name

was 21. Again, we have factual evidence indicative of the considerable time required for the development of the cross-gender identity. (p. 209)

The inability to actualize one's cross-gender identity, including the inability to inhabit a body that is congruent with that identity, is experienced as gender dysphoria. Thus, autogynephilia can result in cross-gender identification and gender dysphoria in nonandrophilic men, and these phenomena can act as the principal proximate motivation for the pursuit of sex reassignment (Lawrence, 2013).

Further Evidence Supporting a MtF Transsexual Typology Based on Sexual Orientation

Blanchard's MtF transsexual typology, which distinguishes feminine androphilic MtFs from autogynephilic nonandrophilic MtFs, is also supported by anthropometric measurements, studies of gender-related behavior, and neuroanatomic studies. The available evidence suggests that androphilic MtFs are physically, behaviorally, and neuroanatomically feminized (or demasculinized), whereas this has not been shown for nonandrophilic MtFs, albeit the latter have been less frequently studied.

In a study of 422 MtF transsexuals, Blanchard, Dickey, and Jones (1995) found that androphilic MtFs were significantly shorter than nontranssexual males and significantly shorter and lighter in weight than nonandrophilic MtFs, with the latter comparisons showing small-to-medium effect sizes. In a subsequent report involving only 113 MtFs, Smith et al. (2005) could not confirm the latter findings, but Lawrence (2010a) noted that this study was underpowered to find small-to-medium effect sizes significant. Smith et al. did observe, however, that androphilic MtFs had a more feminine appearance than nonandrophilic MtFs. Androphilic MtFs also report more childhood cross-gender behavior than their nonandrophilic counterparts (Blanchard, 1988; Money & Gaskin, 1970–1971; Whitam, 1987).

In a comprehensive review of neuroanatomic findings in transsexualism, Guillamon, Junque, and Gómez-Gil (2016) observed that androphilic MtFs “show a distinctive brain morphology, reflecting a brain phenotype” (p. 1643) involving both feminized and demasculinized features. Limited data from nonandrophilic MtFs (Savic & Arver, 2011), in contrast, revealed neither feminization nor demasculinization of the brain, but rather “morphological peculiarities in [cortical] regions in which male and female controls do not differ” (Guillamon et al., p. 1624). Guillamon et al. concluded that neuroanatomic differences

probably underlie the MtF transsexual typology suggested by Blanchard:

The review of the available data seems to support two existing hypotheses: (1) a brain-restricted intersexuality in homosexual MtFs and FtMs and (2) Blanchard's insight on the existence of two brain phenotypes that differentiate “homosexual” [androphilic] and “nonhomosexual” [nonandrophilic] MtFs. (p. 1643)

Clinical Relevance of the Theory of Autogynephilia

In addition to offering descriptive value, the theory of autogynephilia and its associated MtF transsexual typology also have significant relevance for clinical care. In particular, they can help clinicians achieve an empathetic understanding of their autogynephilic clients' behaviors, choices, and associated psychopathology. Clinicians who recognize that the gender dysphoria of autogynephilic MtFs derives from their paraphilic sexual orientation can more easily understand why these clients “are likely to feel a powerful drive to enact their paraphilic desires (e.g., by undergoing sex reassignment), sometimes with little concern for possible consequences” (Lawrence, 2009, p. 198), which can include loss of employment, family, friends, and reputation. The concept of autogynephilic interpersonal fantasy can help make sense of the otherwise puzzling fact that gynephilic MtFs sometimes develop a newfound interest in male partners late in life. Clinicians who understand the concept of autogynephilia can better interpret the sometimes ambivalent reactions of nonandrophilic MtF transsexuals to feminizing hormone therapy: Hormones can induce desired physical changes and reduce ego-dystonic autogynephilic arousal, but they can also diminish the desire to pursue sex reassignment by blunting the autogynephilic sexual excitement that partly fuels this desire (Lawrence, 2013). Realizing the paraphilic etiology of nonandrophilic MtF transsexualism can sensitize clinicians to the possible presence of other comorbid paraphilias, some of which may be of greater relevance to the lives of their clients (Lawrence, 2009). Finally, with those MtF clients who recognize the paraphilic origin of their gender dysphoria, clinicians who are familiar with the concept of autogynephilia can provide more accurate information and can reassure their clients that autogynephilic MtF transsexualism is a recognized condition – one for which hormone therapy and sex reassignment can sometimes offer significant therapeutic benefit (Lawrence, 2013).

The Controversy Surrounding Autogynephilia

Blanchard's concept of autogynephilia and the MtF transsexual typology associated with it received little critical attention until they were discussed in the book *The Man Who Would Be Queen*, a work of popular science by psychologist Bailey (2003). Bailey's book ignited a firestorm of controversy, the history of which was reviewed by Dreger (2008).

Both critics and defenders of autogynephilia have subsequently written extensively about the concept and its implications. Some criticisms of autogynephilia involve technical details that are too lengthy and complicated to address in a brief review. Many of the substantive criticisms of autogynephilia, however, can be presented and examined in a concise manner. These include:

1. Although autogynephilia exists, it is of little genuine importance, either because it is widespread and unremarkable in natal women or because it is a predictable but trivial epiphenomenon of gender dysphoria.
2. Although autogynephilia currently exists, it is a disappearing phenomenon that is likely to soon become extinct.
3. Blanchard's autogynephilia-based typology is descriptively inadequate: There are too many observed exceptions to its predictions.
4. Although autogynephilia is theorized to be a paraphilia, it does not resemble most paraphilias, particularly because it persists despite pharmacologic treatments that reduce sex drive.
5. Autogynephilia's sexuality-based theory of motivation inappropriately emphasizes lust and ignores the importance of gender identity.
6. Blanchard's theory of autogynephilia contradicts the widely accepted idea that sexual orientation and gender identity are independent concepts.
7. The theory of autogynephilia disrespects the identities of MtF transsexuals and perpetuates harmful stereotypes about them.

Is Autogynephilia Ubiquitous in Natal Women or Merely an Epiphenomenon?

Most critics of autogynephilia concede that the phenomenon exists ("No one disputes that autogynephilia exists or that it can explain the motivation of *some* MTFs; many MTFs readily admit that this construct describes their sexual interest and motivation"; Moser, 2010b, p. 791). A rare dissenter was Bettcher (2014), who appeared to take

metaphoric descriptions of autogynephilia literally: She argued that "attraction to oneself is literally impossible and, therefore, so is autogynephilia" (p. 606).

But despite widespread agreement that autogynephilia exists, critics often dismiss it as unimportant. Many contend that natal women commonly experience autogynephilia, implying that autogynephilia therefore is a natural, non-pathological element of sexuality in women, including MtF transsexuals. Two studies (Moser, 2009; Veale, Clarke, & Lomax, 2008) have supposedly demonstrated the existence of autogynephilia in natal women; both have a superficial plausibility, especially if one does not examine their data closely.

Veale et al. (2008) administered modified versions of Blanchard's (1989b) Core Autogynephilia and Autogynephilic Interpersonal Fantasy scales to 127 natal female participants. On average, the participants endorsed several items on each scale. But interpretation of the results was complicated, because Veale et al. altered the wording of the items "to make them more applicable to biological females" (p. 589), modified the skip instructions of the original scales, and had to reclassify participants' original ordinal responses as dichotomous because of misleading phrasing. Consequently, Veale et al. expressed significant reservations about their own results:

Although a number of biological female participants endorsed items on the Core Autogynephilia and Autogynephilic Interpersonal Fantasy scales... it is unlikely that these biological females actually experience sexual attraction to oneself as a woman in the way that Blanchard conceptualized it... The scales used in this research were not sufficient for examining this. (p. 595)

These reservations, however, have rarely if ever been acknowledged in scholarly critiques of Blanchard's ideas. For example, neither Moser (2010b) nor Serano (2010) cited or referred to Veale et al.'s disclaimers.

Moser (2009) reported the responses of 29 female hospital employees to his Female Autogynephilia Scale, which used items modified from scales originally devised by Blanchard (1985, 1989b) to measure autogynephilia and related traits (Lawrence, 2010b). About half of respondents reported at least occasional "autogynephilic" arousal. But Moser modified Blanchard's original language on the advice of female colleagues and friends, to better investigate the specifics of their self-reported arousal or to provide "needed context" (Moser, 2010a, p. 694). Consequently, Moser's modified items arguably did not adequately distinguish between being aroused by wearing sexy clothing or by imagining that a potential romantic

partner finds one attractive – which natal women apparently do experience – and being aroused simply by the idea that one is wearing *women's* clothing or has a *woman's* body – which natal women probably rarely if ever experience (Lawrence, 2010b). Moser (2009) conceded that “It is possible that autogynephilia among MTFs and natal women are different phenomena and the present inventories lack the sophistication to distinguish these differences” (p. 544). Lawrence (2010b) argued that this was probable, on the grounds that Moser’s items “fail[ed] to adequately assess the essential element of autogynephilia – sexual arousal simply to the thought of being a female” (p. 3).

Another basis for declaring autogynephilia in MtF transsexuals to be unimportant is the claim that it is merely a temporary mechanism for coping with incongruence between one’s gender identity and sexed body characteristics: that is, that autogynephilia is an effect rather than a cause of gender dysphoria. Serano (2010) wrote:

It makes sense that pretransition transsexuals (whose gender identity is discordant with their physical sex) might imagine themselves inhabiting the “right” body in their sexual fantasies and during their sexual experiences with other people. Indeed, critics of autogynephilia theory have argued that such sex embodiment fantasies appear to be an obvious coping mechanism for pretransition transsexuals. (p. 184)

This argument does not explain, however, why MtF transsexuals often experience unintended or unwanted sexual arousal while wearing women’s clothing or why autogynephilic fantasies sometimes persist for years or decades after sex reassignment has corrected much of the incongruity between gender identity and physical sex (Lawrence, 2005, 2013). Cross-dressing and cross-gender behavior are associated with sexual arousal in both sexual and nonsexual contexts for many MtF transsexuals, both before and after sex reassignment – arguably because autogynephilia is their genuine, persistent sexual orientation.

Is Autogynephilia a Disappearing Phenomenon That Will Soon Become Extinct?

Nuttbrock et al. (2011) proposed an “important, albeit highly theoretical, hypothesis – that transvestic fetishism may be a historically fading phenomenon” (p. 256). Their conjecture derived from their study of transvestic fetishism – the most prevalent manifestation of autogynephilia – in a diverse group of transgender males, including a discrete subgroup of nonandrophilic cross-dressers. Because these cross-dressers, unlike most other participants, were

primarily older and white (Hwahng & Nuttbrock, 2007), Nuttbrock et al. found that transvestic fetishism was correlated with older age and white ethnicity as well as nonandrophilic orientation. Accordingly, Nuttbrock et al. argued that transvestic fetishism could theoretically be primarily a generational phenomenon, because among older white MtFs, “dressing in the female role was frequently a highly secretive and exotic phenomenon... [which] may largely account for the[ir] higher levels of transvestic fetishism” (p. 256). Nichols (2014) made a similar argument concerning autogynephilia generally, albeit without offering either evidence or explanation: “Autogynephilia is disappearing... Blanchard’s theory is not a description of an essentialist phenomenon but rather of a cultural one, a presentation of gender bound by time and place” (p. 72).

Reports of the impending disappearance of autogynephilia, however, appear to be premature. Erotic cross-dressing and other manifestations of autogynephilia have been documented for centuries, in both Western and non-Western cultures (Lawrence, 2013). Adolescents with transvestic fetishism continue to be referred for clinical evaluation in the twenty-first century (Zucker et al., 2012). Moreover, some MtF transsexuals who have completed sex reassignment and live publicly as women report that they continue to experience autogynephilic arousal (Lawrence, 2005, 2013), suggesting that the secretive cross-dressing invoked by Nuttbrock et al. (2011) is not a prerequisite for such arousal. Concluding that autogynephilia is disappearing because it is more often reported by older MtF transgender persons makes as much sense as concluding that Alzheimer’s disease is disappearing because it is diagnosed primarily in older adults. Autogynephilia seems likely to remain a clinically important phenomenon for the foreseeable future.

Is Blanchard’s Autogynephilia-Based Transsexual Typology Descriptively Inadequate?

A consistent criticism of Blanchard’s autogynephilia-based transsexual typology is that it is descriptively inadequate: In the opinion of the critics, there are simply too many deviations from the predicted relationship between autogynephilia and sexual orientation. Moser (2010b) summarized the problem: “It appears that substantial minorities of homosexual [androphilic] MTFs are autogynephilic and non-homosexual [nonandrophilic] MTFs are not” (p. 795). As noted previously, all the studies presented in Table 1 found some deviations from the predicted association between autogynephilia and sexual orientation, although the overall statistical relationship was strong.

The study by Veale et al. (2008), discussed previously, raised further questions about the descriptive accuracy of Blanchard's typology. The authors divided their 169 MtF transsexual participants into "autogynephilic" and "nonautogynephilic" groups using hierarchical cluster analysis, based on participants' responses to the same modified versions of Blanchard's Core Autogynephilia and Autogynephilic Interpersonal Fantasy scales that the authors had used with their natal female participants, along with two other scales of less obvious relevance. Contrary to the predictions of Blanchard's theory, Veale et al. found no significant differences in patterns of sexual orientation between the two transsexual groups. In yet another study that employed a similar methodology, Veale (2014) examined Blanchard's two-category typology using a taxometric analysis of the responses of 308 MtF transsexuals on scales purportedly measuring aspects of autogynephilia, related elements of sexuality, and sexual orientation. Veale concluded that the structure of the data was dimensional rather than taxonic (i.e., that two distinct transsexual types could not be ascertained).

Supporters of Blanchard's typology have attributed such discrepancies from the theory's predictions primarily to the recognized tendency of MtF transsexuals to underreport autogynephilic arousal and overreport androphilic orientation and secondarily to the probable contribution of comorbid mental illness to the etiology of gender dysphoria. They have also emphasized the limitations of Veale's taxometric studies. Lawrence and Bailey (2009) criticized the methodology and the conclusions of Veale et al. (2008): They noted that the study's sample size was too small for a valid taxometric analysis and that both transsexual groups displayed substantial autogynephilic arousal: "They are best described as the 'autogynephilic' and 'even more autogynephilic' groups" (p. 173). With regard to Veale's (2014) failure to confirm Blanchard's typology, Lawrence (2014) argued that Veale had used poorly constructed measures, some of which were of dubious relevance, and had recruited too few genuinely androphilic MtF transsexuals for her study to be capable of demonstrating the taxonic structure that Blanchard's theory predicted.

Opponents of Blanchard's theory have replied that such counterarguments effectively make Blanchard's typology "unfalsifiable" (Winters, 2008, para. 6), because any departures from the theory's predictions can simply be dismissed as attributable to misreporting, measurement errors, sampling problems, or psychiatric comorbidity. As Lawrence (2010a) noted, however, Blanchard's typology is not in principle unfalsifiable: One can imagine more reliable methods of measuring sexual orientation and autogynephilic arousal (e.g., Rönspies et al., 2015) that could eliminate reliance on questionable self-report measures

and contribute to the resolution of disputed issues. For the present, however, disagreements concerning the explanation of departures from the predictions of Blanchard's autogynephilia-based typology remain unresolved.

If Autogynephilia Is a Paraphilia, Why Doesn't it Resemble Other Paraphilias?

Moser (2010b) claimed that autogynephilia is unlikely to be a paraphilia because in MtF transsexuals with autogynephilia, the wish for sex reassignment usually persists despite hormone treatments that reduce testosterone and male sex drive:

If the impetus for gender transition is a paraphilia (autogynephilia), then reduction of the sex interest should decrease the desire for the transition... Estrogen acts to decrease testosterone levels... often to the undetectable range. The result is often decreased sexual interest, as expected, but... most MTFs report their drive for gender transition is unabated. (pp. 799-800)

A reduction in the drive for gender transition, however, is actually not uncommon following the initiation of feminizing hormone therapy: The associated reduction in sex drive is sometimes accompanied by disappearance of the desire to pursue sex reassignment. Sometimes the cycle of starting hormones, losing the desire to transition, stopping hormones, and then experiencing a resurgence of the desire to transition occurs repeatedly in the same patient (Lawrence, 2013, pp. 150-151).

Yet in many cases the desire to transition clearly does persist, just as Moser (2010b) described. As noted previously, autogynephilia is a sexual orientation, encompassing elements of attraction, idealization, and attachment as well as erotic desire; the former elements can provide continuing motivation to pursue gender transition, despite a decline in sex drive. Moreover, autogynephilic arousal in MtF transsexuals is sometimes unwanted (Blanchard & Clemmensen, 1988) and ego-dystonic (Lawrence, 2004, 2013), because autogynephilic arousal can seem inconsistent with one's feminine gender identity. These factors help explain the persistence of the desire for sex reassignment in MtF transsexuals who experience hormone-induced reductions in sex drive. Moser expressed skepticism about parts of this explanation, suggesting (without citing evidence) that "ego-dystonic paraphilic arousal is not a common problem motivating individuals with traditional paraphilias to seek professional help" (p. 800). Even if Moser were correct, however, autogynephilia may simply be unlike

most traditional paraphilias, in part because it has such powerful implications for identity.

One piece of evidence suggesting that autogynephilia is indeed a paraphilia is the increased comorbidity of other paraphilias, especially sexual masochism, observed in MtF transsexuals who are primarily nonandrophilic (Bolin, 1988; Walworth, 1997) and in males with transvestitic fetishism (Gosselin & Wilson, 1980). Paraphilias tend to cluster or co-occur, and having one paraphilia makes it much more likely that a person will also have one or more other paraphilias (Abel & Osborn, 1992). The fact that other paraphilias often accompany autogynephilia is consistent with the idea that autogynephilia is also a paraphilia.

Does Autogynephilia's Theory of Motivation Overemphasize Lust and Ignore Gender Identity?

Critics sometimes object that the theory of autogynephilia understands the motivation of autogynephilic MtF transsexuals exclusively in terms of lust and assumes autogynephilic sexual arousal to be the sole proximate cause of the desire for sex reassignment, ignoring the importance of gender identity. Here are two examples:

[Bailey, 2003, argued that autogynephilic] heterosexual men... changed gender so they could lust after their now female bodies. The idea that any of them were changing to seek an identity that would enable them to feel better about themselves was simply not an option. (Bancroft, 2008, p. 426)

Lawrence (2004) suggests that sexual motivation (autogynephilia) explains why successful men in masculine professions choose to become women... Sexual motivation for SRS seems more unlikely as men age... Yet, older, often autogynephilic, MTFs continue to pursue SRS. (Moser, 2010b, p. 805)

These descriptions are oversimplifications of Blanchard's theory. Autogynephilia is indeed a sexual phenomenon, but it is not merely a lusty phenomenon; it encompasses other elements of sexual orientation, including attraction, admiration, and attachment (Blanchard, 1991, 1993; Lawrence, 2007, 2013). Moreover, autogynephilia in MtF transsexuals eventually gives rise to cross-gender identities and gender dysphoria, and these, not lust, provide most of the proximate motivation for the pursuit of sex reassignment in most cases (Lawrence, 2013).

Do Blanchard's Ideas Contradict the Independence of Sexual Orientation and Gender Identity?

Some commentators have claimed that Blanchard's theory of autogynephilia is inconsistent with the belief – supposedly widely held by both sexual scientists and members of the transgender movement – that gender identity and sexual orientation are separate and distinct concepts or dimensions:

[Blanchard's theory proposes that] autogynephilia, sexual orientation, and gender identity are interrelated and interdependent in MTFs... By connecting both gender identity and sexual orientation, [Blanchard's autogynephilia theory] connects two distinct concepts in sexology usually thought of as independent. (Moser, 2010b, p. 791)

[Blanchard's] findings have sociopolitical implications far beyond scientific circles because they directly contradict basic tenets of the worldwide transgender movement: sex and gender are deemed to be separate, socially constructed dimensions of personal identity characterized by individual variation and social diversity. (Nuttbrock et al., 2011, p. 249)

It may indeed be useful at times to think of gender identity and sexual orientation as distinct conceptual entities. But as measurable clinical phenomena, these entities are not statistically independent in MtF transsexuals. Rather, there is a strong statistical association between nonandrophilic sexual orientation and the autogynephilic variety of MtF transsexualism and transgenderism, with a mean effect size of .58, based on the data in Table 1. There are also plausible, albeit still controversial, explanations for the small but consistently observed deviations from Blanchard's theorized association between sexual orientation and autogynephilia.

Notwithstanding the descriptive power of Blanchard's theory, Serano (2010) outlined a supposed alternative model that she considered more satisfactory:

A more nuanced view [is] the *gender variance model*, which holds that gender identity, gender expression, sexual orientation, and physical sex are largely separable traits that may tend to correlate in the general population but do not all necessarily align in the same direction within any given individual... If autogynephilia is to be taken seriously as a theory, it should explain the observed differences in MtF transsexuals

at least as well as (if not better than) the gender variance model. (p. 179)

It is not clear, however, that Serano's gender variance model differs much from Blanchard's model. Blanchard, too, proposed that autogynephilia and nonandrophilic orientation tend to correlate – very highly – in MtF transsexuals, but he also acknowledged that these characteristics do not always align exactly as his theory predicts. Some observed misalignments are plausibly attributable to inaccurate reporting of autogynephilic arousal or sexual orientation; others probably reflect the influence of comorbid psychopathology. Because Serano never offered details of the correlations she alluded to or explanations for potential deviations from them, it would seem that *any* observed relationship between gender identity, gender expression, sexual orientation, anatomic sex, and autogynephilia – or none at all – would be consistent with her model. Serano's gender variance model therefore has no real predictive value and is unfalsifiable.

Does the Theory of Autogynephilia Disrespect the Identities of MtF Transsexuals or Perpetuate Harmful Stereotypes About Them?

These allegations constitute the most prevalent objections to Blanchard's ideas, and they are issues about which many critics of autogynephilia are full of passionate intensity. Serano (2009) declared that “the overwhelming majority of trans women feel that autogynephilia theory is not merely ‘wrong,’ but oppressive and invalidating” (p. 13). Her claim, however, was probably overstated: A survey conducted by Veale, Clarke, and Lomax (2011) found that only a bare majority – 52% – of MtF transsexuals expressed negative opinions about Blanchard's theory of autogynephilia, whereas 32% and 16%, respectively, expressed neutral or positive opinions.

One widespread criticism of the theory of autogynephilia is that it disrespects the identities of MtF transsexuals. The terminology associated with the theory has been a particular source of contention:

Many transgender activists and advocates feel that autogynephilia theory (and the terminology associated with it) is not merely incorrect, but unnecessarily stigmatizing... The theory conceptualizes and describes transsexual women as either homosexual or autogynephilic *men*, thus undermining their female gender identities and lived experiences as women. (Serano, 2010, pp. 184–185)

Homosexual MTFs often self-identify as heterosexual females, thus, the use of the term homosexual can appear inaccurate and disrespectful (contradicting their self-identity). Similarly, non-homosexual MTFs may self-identify as lesbians; and again, the term can appear inaccurate and disrespectful. It may be more accurate and sensitive to define the sexual interests of MTFs as androphilic, gynephilic, bi-philic, [etc.]. (Moser, 2010b, pp. 792–793)

Moser's recommended terminology is both concise and unambiguous when it is applied to transsexuals of only one gender category (MTFs or FtMs), as in this article.

Critics have also taken exception to the observation that MtF transsexuals sometimes lie about or deliberately misrepresent their autogynephilic interests or sexual orientations:

Some proponents of [Blanchard's theory] have asserted that non-homosexual MTFs who do not report autogynephilia are “autogynephiles in denial” and that homosexual MTFs who report autogynephilia are mistaken. Invalidating the experiences of those MTFs on the basis of our current level of knowledge is inappropriate, disrespectful, and possibly detrimental to individual [sic]. (Moser, 2010b, p. 806)

There are lesbian, bisexual and asexual trans women who have never experienced crossgender arousal, and there are heterosexual [i.e., androphilic] trans women who have. In his writings, Blanchard routinely mischaracterizes the first group as autogynephiles who are lying about not having experienced crossgender arousal, and the second group as autogynephiles who are lying about their sexual orientation. (Serano, 2009, p. 14)

More than a few MtF transsexuals, however, have admitted to lying about their sexual orientations or about autogynephilic arousal (Blanchard et al., 1985; Lawrence, 2013; Walworth, 1997). As noted earlier, Cohen-Kettenis and Pfäfflin (2010) argued that misrepresentation of sexual orientation by transsexuals was so prevalent that typologies based on sexual orientation had become unreliable.

Because the theory of autogynephilia understands some forms of MtF transsexualism to derive from a paraphilic sexual interest, some critics contend that the theory leads to guilt by association with other paraphilic phenomenon:

Blanchard and collaborators have grouped “autogynephilia” ([in] lesbian, bisexual and asexual trans-women) with pedophilia, fetishism and even

apotemnophilia (desire for limb amputation)... This reinforces some of the most stigmatizing and dehumanizing false stereotypes that transsexual women bear in society. (Winters, 2008, para. 7)

The theory is extremely pathologizing, especially for those transsexual women who are classified as autogynephiles and, thus, lumped into a psychiatric category (paraphilia) that includes several criminal sexual offenses (e.g., pedophilia, frotteurism, and exhibitionism) as well as other... stigmatized sexual behaviors. (Serano, 2010, p. 185)

These arguments reflect a willingness to accept rather than dispute popular misconceptions that persons who experience paraphilic sexual interests are always mentally disordered, less than fully human, or invariably guilty of criminal behavior. Paraphilic sexual interests are not considered mental disorders unless they are associated with significant distress or disability (APA, 2013), and paraphilic interests such as pedophilia, frotteurism, and exhibitionism do not constitute criminal offenses unless acted upon. It is difficult to understand why some critics of Blanchard's ideas seem so willing to tacitly accept the stigmatization of unusual sexual interests in their attempts to discredit his theory.

Going farther still, some critics contend that Blanchard's theory delegitimizes, maligns, or humiliates MtF transsexuals:

"Autogynephilia" implies that *all* lesbian and bi[sexual] transwomen are motivated to transition primarily by sexual paraphilia or deviance, undermining their legitimacy and dignity as women. "Autogynephilia" denies that transwomen... possess an inner feminine gender identity or "essence". (Winters, 2008, para. 10)

[By advancing Blanchard's theory, Bailey, 2003] invalidate[d] the lived experiences and identities of an entire group of oppressed people about whom he [had] no first-order knowledge... In doing so, he maligned and humiliated an entire group of oppressed people, notwithstanding the few self-identified autogynephiles who agreed with his views. (Mathy, 2008, p. 464)

The claim that the theory of autogynephilia "invalidates" (Mathy, 2008; Moser, 2010b; Serano, 2009) or "undermines" (Serano, 2010; Winters, 2008) the identities of some MtF transsexuals seems untenable. Admittedly, the theory is *inconsistent* with the identities of some MtF transsexuals, but it is not clear how the theory invalidates or undermines

those identities in any meaningful sense: The persons in question remain free to assert whatever identities they wish. Identities that are rendered invalid if not affirmed without exception by others would seem to be tenuous at best. The notion that scholars have an ethical duty to validate or endorse the identities of all MtF transsexuals (assuming they can know what these identities are), even at the cost of rejecting a scientific theory they consider accurate and useful, seems intellectually indefensible.

Veale (2015) recently made even more sweeping claims. Criticizing research on autogynephilia by Hsu, Rosenthal, and Bailey (2015), Veale asserted an "ethical obligations that researchers have when conducting research on marginalized and vulnerable groups to ensure that their findings are not misrepresented or misused in a way that can cause harm to the group being researched" (p. 1745). Ensuring that one's findings could never be misrepresented or misused would seemingly require researchers to possess superhuman abilities to read the minds and predict the intentions of other people, including those not yet born; but that is what Veale apparently demanded.

One could argue that describing autogynephilic MtF transsexuals as males who choose to undergo sex reassignment in order to effectively address their paraphilic sexual orientation portrays them as courageous and determined, not as dishonorable or morally suspect (Lawrence, 2013). Moreover, some MtF transsexuals freely admit to experiencing autogynephilia or identify as autogynephilic (Moser, 2010b); from their perspective, the idea that there is something invalidating about being described as an autogynephilic transsexual probably feels transphobic.

Implications of the Autogynephilia Controversy for Diagnosis, Treatment, and Research

Arguably the most significant consequences of the controversy about autogynephilia and its associated transsexual typology have been ongoing efforts to reduce or eliminate discussion of these topics in diagnostic nosologies, clinical treatment guidelines, and research reports. For example, the term autogynephilia, which had appeared in the discussion of GID in the DSM-IV-TR (APA, 2000, p. 578), was eliminated from the discussion of Gender Dysphoria in DSM-5 (APA, 2013). Specifiers based on sexual orientation, which had been part of the diagnoses of Transsexualism and GID in every edition of the DSM since 1980, were also removed from the DSM-5. Winters, a transgender activist, had recommended that the term autogynephilia be eliminated, arguing that, "It serves no

constructive purpose in an evidence-based diagnostic nosology. I strongly urge the American Psychiatric Association to remove this offensive term from the supporting text of the GID diagnosis... in the DSM-V.” (Winters, 2008, para. 11). Her recommendation was adopted for the DSM-5 diagnosis of Gender Dysphoria.

Cohen-Kettenis and Pfäfflin (2010), writing on behalf of the DSM-5 GID Subworkgroup (Zucker et al., 2013), contended that the use of specifiers based on sexual orientation in the DSM-IV (APA, 1994) and DSM-IV-TR (APA, 2000) was “largely based on the work of Blanchard and colleagues (e.g., Blanchard, 1989b; Blanchard, Clemmensen, & Steiner, 1987)” (p. 507). Their contention was historically inaccurate, given that identical specifiers had been part of the DSM since 1980. Nevertheless, this assertion gave Cohen-Kettenis and Pfäfflin additional grounds for advocating elimination of subtypes based on sexual orientation from the DSM-5:

In the transgender community, there is strong resistance against subtyping on the basis of sexual orientation and activity and even against having to give this information for scientific purposes only. The term autogynephilia, which is used for one subtype, is considered highly offensive by some (e.g., Winters, 2008). (p. 508)

The fact that Cohen-Kettenis and Pfäfflin cited Winters (2008) suggests that complying with the demands of transgender activists by suppressing references to Blanchard’s ideas in the DSM-5 was clearly on their minds.

Similarly, when the World Professional Association for Transgender Health issued the most recent edition of its *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People* (Coleman et al., 2011), autogynephilia and typologies based on sexual orientation were never mentioned, even though some MtF transsexuals were known to identify as autogynephilic (e.g., Lawrence, 2009; Moser, 2010b), and typologies based on sexual orientation were recognized as having significant descriptive, predictive, and heuristic value (Lawrence, 2010a; Zucker et al., 2013). As Zucker, Lawrence, and Kreukels (2016) subsequently observed:

In the seventh revision to the *Standards of Care*... terms such as sexual orientation, transvestic fetishism, and autogynephilia are never mentioned. We would argue that this reflects a kind of intellectual erasure in the discourse on phenomenology, which may inadvertently (or, perhaps, intentionally) obscure the importance of these parameters with regard to

theoretical issues, empirical research on causal mechanisms, and therapeutic care. (p. 221)

A similar pattern of erasure of information about sexual orientation in MtF transsexuals and other gender dysphoric males has occurred in recent publications from the European Network for the Investigation of Gender Incongruence (ENIGI; Kreukels et al., 2012). In an early ENIGI article discussed previously, Nieder et al. (2011) compared MtF transsexuals’ self-reported sexual orientation data with ratings by treating clinicians, observing that “self-report and clinician’s report data appeared to be quite incongruent. With a negative Cohen’s kappa ($\kappa = -0.39$), the [MtF] participants’ and clinicians’ ratings... largely disagreed” (p. 787). There would seem to be obvious value in continuing to report clinicians’ ratings of sexual orientation, including the possibility of comparing correlations between clinical variables of interest and clinician-rated (versus self-reported) sexual orientation. However, subsequent ENIGI publications that have addressed sexual orientation in gender dysphoric males (e.g., Becker et al., 2016; Cerwenka et al., 2014; van de Grift et al., 2016) have presented no detailed clinician-rated sexual orientation data, although van de Grift et al. reported the correlation between clinician-rated and self-reported sexual orientation for their combined group of MtF and FtM participants (pp. 577–578), suggesting that clinicians’ ratings were still being collected as of 2012. If analyzed and published, clinician-rated sexual orientation data might confirm Lawrence’s (2010a) conclusion that transsexual typologies based on sexual orientation are superior to the age of onset-based typologies that many ENIGI researchers seem to favor. Perhaps this partly explains why the ENIGI clinician-rated data remain unpublished. Meanwhile, the ENIGI researchers have sometimes concluded that typologies based on sexual orientation have superior predictive value (e.g., van de Grift et al., 2016, p. 581), even when these rely on potentially inaccurate self-report data.

The Future of a Controversial Theory and Typology

Notwithstanding the controversy surrounding the theory of autogynephilia and recent attempts to deemphasize or eliminate discussion of autogynephilia and its associated transsexual typology in diagnostic nomenclatures, clinical guidelines, and research reports, some scholarly discourse and scientific investigation concerning these topics has continued. A few researchers (e.g., Hsu et al., 2015) have persisted in studying autogynephilia, albeit not in the

clinical populations where their findings would be of greatest relevance. Meanwhile, the descriptive and clinical value of Blanchard's theory remains undiminished by the controversy: Like Darwin's theory of evolution and similar disputed ideas, the theory of autogynephilia continues to be useful to researchers and clinicians despite its failure to achieve universal acceptance.

Perhaps the future development of innovative methodologies for accurately assessing autogynephilic arousal and sexual orientation will eventually resolve many current disagreements. Until that time, autogynephilia and its associated sexual orientation-based typology of MtF transsexualism are likely to remain important but controversial topics.

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