

Autogynephilia at 35

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Males with the propensity to be sexually aroused by the thought or image of themselves as female have undoubtedly existed throughout human history and have been described and studied by sexual scientists for over 150 years, but the unusual erotic interest they experience was not given a scientific name until 1989, when psychologist Ray Blanchard coined the term *autogynephilia*. I have discussed the genesis of the term and its implications in several articles (e.g., Lawrence 2013, 2017). Initially the concept of autogynephilia was known only to professionals working in the field of gender dysphoria and was not considered controversial, but over the ensuing decades this has changed. Autogynephilia, a scientific term that is purely descriptive, has become a disputed and contentious topic. This essay considers the status and significance of the concept of autogynephilia at age 35.

The phenomenon that autogynephilia denotes, a male's propensity to be sexually aroused by the thought or image of himself as a female, is almost universally acknowledged to exist. A nontrivial number of males, as many as 3% or more (Lawrence 2009) report this pattern of erotic interest, albeit with varying degrees of intensity and exclusivity. Some gender dysphoric males identify as autogynephilic and insist that the term accurately describes their feelings and experiences (Lawrence 2013). Their accounts cannot be ignored except by marginalizing or erasing the experiences of a large subgroup of transgender persons. Nevertheless many committed transgender activists disparage or reject outright the concept of autogynephilia. The term itself, the transgender typology associated with it, and the theory that it often motivates male-to-female gender transition and sex reassignment are now frequently described by transgender positive

commentators as "disproven" or "debunked." It is notable that Wikipedia, the largest and most influential online encyclopedia, does not even contain a descriptive entry for autogynephilia but instead redirects to "Blanchard's transsexualism typology," where the term admittedly does appear. This puzzling omission undoubtedly reflects the term's disputed status. In many quarters autogynephilia has now replaced male homosexuality as "the love that dare not speak its name."

The term autogynephilia has become so toxic in transgender positive circles that a few writers have proposed more acceptable euphemisms for it. An example from the academic literature is *female embodiment fantasies*. Alternative constructions like this testify to the unpopularity of the term autogynephilia but also to the inability of the skeptics to deny the existence and relevance of the phenomenon itself. Why are some members of the transgender positive community so interested in mischaracterizing and "debunking" the concept of autogynephilia, despite the fact that many transgender persons identify with it? The most passionate critics appear to fit the autogynephilic profile themselves and presumably find the concept incompatible with their hard-won identities. Others are allies eager to demonstrate their solidarity, including a few prominent members of the kink community.

Despite their opposition, the concept of autogynephilia continues to be recognized in the professional literature. The term is indexed in the US National Library of Medicine and also appears in the latest edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5-TR, 2022), the bible of American psychiatry. Evidently the mental health establishment does not consider autogynephilia to be a debunked or meaningless concept. But the term is referenced

in the DSM-5-TR only as a specifier for the diagnosis of transvestic fetishism, not as an associated feature of gender dysphoria. This represents an unfortunate step backward from the DSM-IV-TR (2000), in which autogynephilia was described as an associated feature of gender identity disorder in males.

Nowadays the persons most inclined to write and talk about autogynephilia are members of transgender critical camp. One of the most influential of them, Helen Joyce, devoted an entire chapter of her 2021 book *TRANS* to the topic and has spoken about it in several online interviews. Some transgender critical researchers have published articles about so-called Rapid Onset Gender Dysphoria (ROGD) in which they have described a subset of gender dysphoric adolescents as autogynephilic, and others have tried to measure the strength and prevalence of autogynephilia in online samples. These researchers have often given interviews publicizing the concept but with little sensitivity or compassion. For those of us who consider autogynephilia an important and under-appreciated concept their attention feels in some respects like getting aid and comfort from the enemy, but their smirking, sensationalizing attitudes serve to demonize a group of male transgender persons who experience an uncommon but essentially harmless sexual orientation.

Why are so many members of the transgender critical movement so interested in publicizing and mischaracterizing autogynephilia? One reason is that many feminists (and others, too) feel justifiably outraged when transsexual and transgender males who identify as women feel entitled to enter women-only spaces and behave inappropriately, including demanding to participate in women's competitive sports. The critics believe that these interlopers are invariably autogynephilic. Probably they are not wrong about this, but it is not clear why autogynephilia

should be a consideration at all: Inappropriate behavior in women-only spaces is unacceptable regardless of the perpetrators' sexual orientation. But autogynephilia is a male paraphilia, so if these intruders are believed to be autogynephilic, this effectively undercuts the idea that they deserve to be regarded as women and are entitled to enter women-only spaces. Moreover the suggestion that these invaders are using women-only spaces as arenas for enacting their autogynephilic behavioral fantasies makes them seem depraved and disgusting, even when their overt behavior is unobjectionable. A second reason is that many social conservatives in the transgender critical movement simply despise any public display of gender nonconformity. Autogynephilic persons who identify or live as women are often gender nonconforming in appearance and behavior, even when they are trying hard not to be. Like the drag queens they somewhat resemble, they are easy targets for derision and contempt. Publicizing and mischaracterizing autogynephilia therefore promotes transgender exclusion and marginalization and serves the unstated but obvious agenda of the transgender critical movement, which is to restrict or criminalize gender transition and sex reassignment for everyone, in every country, in every circumstance, irrespective of age, diagnosis, or personal preference.

Does the concept of autogynephilia currently have any significance for clinical practice with gender dysphoric males? It evidently has very little at present, except when clients themselves use the term, when cross-gender eroticism is such a prominent clinical concern that it cannot be ignored, or when parents and spouses try to make sense of gender dysphoria in their masculine male children and partners. Most practitioners who treat gender dysphoric clients are unfamiliar with the concept, reject it as debunked or transphobic, or do not accord it much significance. Autogynephilia is not referenced or recognized in the current DSM

diagnostic criteria for gender dysphoria and is not a consideration in providing or withholding puberty-blocking or feminizing hormones for adolescents or adults in any accepted treatment protocols. Its current clinical relevance therefore seems quite limited.

Does the concept of autogynephilia currently have any significance for clinical or experimental research with gender dysphoric males? Its significance seems minor at present, although this may be about to change. Transgender positive researchers have been disinclined to study autogynephilia. Most do not consider the phenomenon meaningful or important, and the rare exceptions realize that the concept is so toxic that they would be mercilessly attacked if they gave it any attention. Nevertheless a few brave transgender positive investigators are preparing to publish clinical case reports of autogynephilic adolescents and young adults undergoing hormone therapy. As noted earlier, transgender critical investigators have asked about autogynephilia in online surveys but have conducted almost no clinical studies, probably because most have no clinical credentials or experience. Their studies of adolescents with so-called ROGD have identified an autogynephilic subgroup, but this finding is problematic. Like all sexual orientations, autogynephilia develops early in life but sometimes comes to attention only in adolescence. In autogynephilic adolescents, gender dysphoria that adult informants consider rapid reflects the unfolding of an innate sexual orientation and cannot plausibly be attributed to social contagion or the effects of so-called "sissy porn." This calls into question the entire concept of ROGD by highlighting its circular definition (ROGD is any GD that parents consider rapid in onset), but the problem has been ignored by both transgender positive commentators, who will not touch the topic of autogynephilia, and transgender critical ones, who are unwilling to concede the limitations of their theories. For now most research on autogynephilia will be conducted by transgender

critical investigators who will be limited to online studies of questionable validity and for whom ideological orthodoxy will continue to trump intellectual honesty.

What would be useful strategies for the few transgender positive clinicians and researchers who consider the concept of autogynephilia valuable and want it to be more widely known and better appreciated? First, we should remind our colleagues that failure to acknowledge the existence and importance of autogynephilia marginalizes and denies the lived experiences of transgender persons who recognize themselves to be autogynephilic, especially those who may be reluctant to openly declare their erotic preferences. Second, we should emphasize that failure to address the phenomenon of autogynephilia limits our ability to contest the inaccurate assertions of the transgender critical movement. Many in the transgender positive movement might prefer to disregard autogynephilia, but our opponents will not. Finally, we should advocate for the unrestricted availability of medically prescribed puberty-blocking and cross-gender hormone therapy for severely gender dysphoric adolescents and especially for autogynephilic ones, who will almost certainly prove to be the best candidates. This medical treatment has the potential to greatly reduce the suffering of autogynephilic adolescents and improve the quality of their lives in adulthood. Its unrestricted availability is a moral necessity.

What does the future hold for the concept of autogynephilia? In the short term it will remain unpopular, misunderstood, and almost without knowledgeable and compassionate advocates. Many influential members of the transgender positive movement will deny its existence, mischaracterize it, and demonize those who believe in it. Members of the transgender critical movement will publicize its existence, mischaracterize it, and demonize those who experience it. The transgender critical movement is an unholy

alliance, primarily consisting of aggrieved radical feminists and socially conservative opponents of gender diversity in all its forms. Its influence will eventually decline due to its internal divisions and the increasing liberalization of Western societies, but probably not any time soon. As previously noted, the members of the transgender positive movement who reject the concept of autogynephilia are yet another unholy alliance, primarily consisting of autogynephilic scholars who cannot accept their situations, their politically correct allies, and a few individuals with other paraphilias. This alliance may prove more resilient, but perhaps the future development of technologies to objectively measure and categorize male erotic orientations will demonstrate the existence and salience of autogynephilia beyond a reasonable doubt and cause the alliance to unravel. Still, we should not underestimate the willingness of autogynephilic persons in denial to ignore scientific evidence.

In the longer term, perhaps within the next decade, the concept of autogynephilia will be recognized and accepted by many well-educated adults in liberal societies. It has a catchy abbreviation, AGP, and what can be named can be talked about. Liberal societies will eventually realize that AGP is too consequential to ignore. Paraphilic sexual orientations like AGP are so powerful and relentless in their expression that they become problematic unless recognized, understood, and addressed through cultural expectations and social policies. If AGP were more widely acknowledged and its implications were better appreciated, persons with AGP could enjoy a better quality of life and could also avoid making ill-advised, socially disruptive choices that impair quality of life for others. Modern educational systems realize the importance of teaching children about another atypical sexual orientation,

homosexuality, before they enter secondary school, because the cost of ignorance is too high. AGP will inevitably become part of the curriculum. Because AGP is so prevalent, educating children and their parents about it will have profound consequences. If adolescents with AGP and severe gender dysphoria can be identified in middle childhood they can be offered puberty-blocking and feminizing hormones in their early teenage years, allowing them to develop the bodies they desire and to move through the world more comfortably as adults. Those with less severe gender dysphoria can be helped to understand that AGP is an immutable sexual orientation and should be an important consideration in decisions about choosing a partner, entering into marriage, and fathering children. Probably there will be associated reductions in suicide and self-harm, substance abuse, and unsafe sexual behaviors. Liberal societies have taken this enlightened approach to the most prevalent atypical sexual orientation, homosexuality, and the benefits have been enormous. AGP will be next in line.

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Selected References

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