

# Clinical Observations and Systematic Studies of Autogynephilia

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*The term autogynephilia denotes a male's paraphilic tendency to be sexually aroused by the thought or image of himself as a woman. This term subsumes transvestism as well as erotic ideas or situations in which women's garments per se play a small role or none at all. This review article presents clinical examples of the lesser known types of autogynephilia (i.e., those in which the element of cross-dressing is secondary or entirely absent), sketches earlier attempts to label and conceptualize these phenomena, summarizes recent quantitative studies exploring the relationships between autogynephilia and other psychosexual variables (e.g., heterosexual attraction), and speculates on the etiology of autogynephilia and its relationship to transsexualism. It is concluded that the concept of autogynephilia is needed to fill a gap in our current battery of concepts and categories for thinking about gender identity disorders.*

All contemporary clinicians are familiar with the phenomenon known as *transvestism*, that is, recurrent cross-dressing in heterosexual males that, at least in puberty or adolescence, is associated with sexual arousal. Less well known, however, is the wide range of other cross-gender behaviors and fantasies that are sexually arousing to subgroups of men who cross-dress, engage in other symbolically feminine activities, or habitually imagine themselves as females.

In a previous article,<sup>1</sup> I coined the term *autogynephilia* to refer to the full gamut of erotically arousing cross-gender behaviors and fantasies. This term was intended to subsume transvestism as well as erotic ideas or situations in which women's garments per se play a small role or none at all. The word autogynephilia was constructed from Greek roots meaning "love of oneself as a woman" and was formally defined as a male's propensity to be sexually aroused by the thought or image of himself as a female.

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I wish to thank Dr. Friedemann Pfäfflin for researching the first appearance in print of the word *automonosexuality*, which I have in previous articles attributed to the wrong edition of Rohleder's work.

Journal of Sex & Marital Therapy, Vol. 17, No. 4, Winter 1991 © Brunner/Mazel, Inc.

In this article, I review most of the clinical and all of the research data currently available on this erotic phenomenon. In the first section, I present clinical examples of the lesser known types of autogynephilia, that is, those in which the element of cross-dressing is secondary or entirely absent. In the second, I summarize earlier attempts to label and conceptualize these phenomena. In the third, I review recent quantitative studies exploring the relationships between autogynephilia and other psychosexual variables, for example, heterosexual attraction. Finally, in the fourth section, I speculate on the etiology of autogynephilia and its relationships to *gender dysphoria* (discontent with one's biological sex, the desire to possess the body of the opposite sex, and the desire to be regarded by others as a member of the opposite sex) and *transsexualism* (the extreme form of gender dysphoria).

The purpose of this review is to highlight, for clinicians and researchers alike, a class of clinically significant cross-gender behaviors and fantasies that has largely been overshadowed by its most conspicuous exemplar, namely, transvestism. I hope to show, among other things, that the broader concept of autogynephilia explains the correlation of various, seemingly dissimilar sexual behaviors in cross-gendered male populations, and also that this concept is useful in understanding the development of transsexualism in nonhomosexual men.

### DESCRIPTION OF THE PHENOMENA

Autogynephilic fantasies and behaviors may focus on the idea of exhibiting female physiologic functions, of engaging in stereotypically feminine behavior, of possessing female anatomic structures, or of dressing in women's apparel. The last-mentioned class of fantasies and behaviors represents the familiar form of autogynephilia, transvestism. All four types of autogynephilia tend to occur in combination with other types rather than alone.

The first of the above-listed types may be designated *physiologic autogynephilia*. Prime examples of this variety are those occasional males, called "pregnancy transvestites" by Hirschfeld,<sup>2</sup> who masturbate with the fantasy of being a pregnant woman or of giving birth. There are, in a similar vein, men whose favorite masturbation fantasy is that they are lactating or breast-feeding<sup>3</sup> and others whose favorite fantasy is that of menstruating. These physiologic functions may also be simulated during masturbation with the aid of appropriate props.

The second type, *behavioral autogynephilia*, involves the thought or performance of activities that symbolize femininity to the affected male. For example, one individual, whom I have described elsewhere,<sup>4</sup> reported that his early masturbation fantasies included the thought that he was helping the maid clean the house or that he was sitting in a girls' class at school. Another 33-year-old patient, whom I recently interviewed, reported that his current masturbation fantasies were knitting in the company of other women and being at the hairdresser's with other women.

The most common behavioral fantasies of adult autogynephilic men involve the thought of themselves, as women, engaging in sexual intercourse or other erotic activities. Male patients at the author's gender identity clinic, for example, commonly report inserting dildos or similar objects into their rectum while masturbating; this behavior is accompanied by the fantasy that their anus is a vagina. The same fantasy may be inferred in other male populations: Blanchard and Hucker<sup>5</sup> found a significant correlation, in 117 fatal cases of autoerotic asphyxia, between the presence of dildos at the death scene and feminine attire on the corpse, suggesting that anal self-stimulation had a symbolic cross-gender meaning within that group of men as well.

Some autogynephiles fuse the idea of being a woman with their sexual attractions toward real women in sexual fantasies in which they are lesbians engaging in lesbian interactions.<sup>6-8</sup> The occasional man will find a wife or girlfriend who is prepared to participate in this fantasy to some extent, stimulating his nipples during intercourse as if she were fondling another women's breasts, and so on.<sup>9</sup>

The erotic idea of interpersonal sexuality in the cross-gender role may also find expression in the fantasy of having intercourse, as a woman, with a man. The male partner represented in these fantasies is usually a vague, anonymous figure rather than a real person and probably has little excitatory function beyond that of completing the fantasy of vaginal intercourse in the female role. Fantasies of this class sometimes lead to actual sexual intercourse with men, particularly with the affected individual in cross-dress or otherwise performing in some role he conceives as feminine.<sup>10-12</sup> The effective erotic stimulus in such interactions, however, is not the male physique of the partner, as it is in true homosexual attraction, but rather the thought of being a woman, which is symbolized in the fantasy of being penetrated by a man.<sup>13,14</sup>

The fantasy of vaginal intercourse in the female role may be enacted with a female rather than a male partner, and even without the partner's knowledge. In many cases, the autogynephile prefers to have intercourse with his wife in the female superior position. He then fantasizes that his wife—imagined as a man—is penetrating him—a woman.<sup>15-18</sup> This may go on for years without the individual's wife ever realizing why her husband prefers that position for intercourse or how she is transformed in his imagination.

The third type might be described as *anatomic autogynephilia*. Anatomic autogynephilia, in its purest form, is represented by rather static fantasies—one might call them rather images or icons—consisting of little more than the idea of having a woman's body. These may focus on female anatomic structures such as the breasts or the vulva or on typical but acquired characteristics such as hairless legs. A patient seen by one of my colleagues, for example, was sexually aroused by shaving his legs and then contemplating the result.

The fourth major type of autogynephilia, as I have defined it, is *transvestic autogynephilia* (or simply, *transvestism*). The rationale for subsuming transvestism under the heading of autogynephilia is that the

transvestite's excitement results from making himself, in some sense, more like a woman, whatever his conscious thoughts during that act. In fact, most transvestites do fantasize themselves as females when they are cross-dressing and may also act this out in their behavior. Other individuals, who have no explicit thoughts of femininity, spend considerable amounts of time admiring their appearance in the mirror and are sexually aroused by the image of themselves as women.<sup>8,19,20</sup>

In all the above-mentioned types of autogynephilia, the relationship between the cross-gender stimulus and sexual excitement is probabilistic rather than inevitable. An autogynephile does not necessarily become sexually aroused every time he pictures himself as a female or engages in feminine behavior, any more than a heterosexual man automatically gets an erection whenever he sees an attractive woman. Thus, the concept of autogynephilia—like that of heterosexuality, homosexuality, or pedophilia—refers to a *potential* for sexual excitation.

The first three types of autogynephilia—physiologic, behavioral, and anatomic—are usually found in association with cross-dressing. This is probably one reason why clinicians and researchers have tended to regard these phenomena, when they have noted them at all, as outgrowths or extensions of transvestism. The questionability of this assumption is illustrated by the following clinical vignette of an adult male outpatient with a lifelong history of anatomic and behavioral autogynephilia together with a virtual absence of transvestism.

### *Vignette*

Philip was a 38-year-old MBA referred to our gender identity clinic for assessment. His presenting complaint was chronic gender dysphoria, which had led, on occasion, to episodes of depression severe enough to disrupt his professional life. He presented as an intelligent and cooperative individual, unremarkably masculine in appearance and in manner. He had never been married and he had no children.

Philip was the third of four children in a happy and prosperous middle-class home. Most of his childhood friends were other boys, but he also got along well with girls. He did well in grammar and high school, obtaining good grades and excelling in sports. He was popular with his classmates and enjoyed harmonious relations with his family. This pattern of social competence continued into adult life, although, in later years, he exhibited a preference for friendship with women.

His first specific recollection of wanting to be a female dated back to age 6. Encountering a wishing well for the first time, he begged a penny from his father to throw in. His wish was that God would listen to his prayers and let him change into a girl. At about the same age, he cross-dressed for the first and only time in his life. This consisted of trying on a dress belonging to an older cousin. When questioned why he did not cross-dress at present—he lived alone and there was nothing to prevent him—he indicated that he simply did not feel strongly impelled to do so.

He began masturbating at puberty, which occurred at age 12 or 13. The earliest sexual fantasy he could recall was that of having a woman's body. When he masturbated, he would imagine that he was a nude woman lying alone in her bed. His mental imagery would focus on his breasts, his vagina, the softness of his skin, and so on—all the characteristic features of the female physique. This remained his favorite sexual fantasy throughout life. His other masturbatory fantasies were less frequent and much less powerful. One of these was the idea of dressing as a woman; another was the fantasy of himself, as a woman, being penetrated vaginally by a man. The latter thought began to occur to him in his thirties; by the time he presented to us, it was arising in one-third to one-half of masturbatory sessions. The imagined partner remained vague in outline, however: a nameless, faceless abstraction rather than a real acquaintance or remembered stranger.

Philip's first heterosexual intercourse was at age 18. This was a one-night stand with a woman he met at a party. He experienced no erectile difficulties. During the next two decades, he had intercourse with nine different women, of which six were one-night stands. In common with most heterosexual male gender dysphorics, he tended to employ cross-gender ideation as an aid during coitus. He preferred to have intercourse with the woman on top, and he would fantasize that he was the woman and his partner was the man. At the time he presented, he had not had intercourse for over a year. His last attempt had been unsuccessful because of erectile difficulties.

His only long-term heterosexual relationship was with a fellow student, Elisa, in graduate school. This was in his early twenties and lasted about two years. The couple had intercourse only during their first few months of living together. The frequency of coitus then tapered off to zero, although they continued sleeping in the same bed.

Philip never had a homosexual experience. This was from lack of interest rather than lack of opportunities. Elisa had been interested in the arts, and Philip had known a number of gay individuals through her.

This vignette illustrates that when a patient's primary sexual object is the thought of himself with a woman's body, there may be little overt paraphilic behavior. This does not, of course, mean that the deviant interest has no clinical significance. In the present case, for example, it was clearly related to the patient's gender dysphoria and to his inability to form long-term relationships with women.

### *PREVIOUS CLINICAL FORMULATIONS*

Many clinical observers have noted behaviors similar to those described above. They have often, however, attributed them to motivations other than autogynephilia. The following quote from Karpman<sup>21</sup> provides a good example:

If a married man insists in his relations with his wife in occupying the succubus position and at the same time demands of

her that she massage his breasts, this can hardly be interpreted as anything else but an expression of unconscious or latent homosexuality. (p. 293)

It was self-evident to Karpman that such behavior betokened a sexual interest in men; he never even considered that the fundamental and irreducible sexual stimulus was the idea of being a woman. Other writers, however, both before and after Karpman, have perceived such behavior in terms resembling my own notion of autogynephilia.

Probably the first such writer was Hirschfeld.<sup>2</sup> He identified the erotic idea of being a woman in a group of cross-dressing males whom he described as *automonosexuals*:

We are almost tempted to believe that we are here faced with a splitting of the personality in the sense that the masculine component in the psyche of these men is sexually stimulated by the feminine component and that they feel attracted not by the women outside them, but by the woman inside them.<sup>22</sup> (p. 167)

Hirschfeld borrowed the term "automonosexualism" from Rohleder.<sup>23</sup> Rohleder, however, had used the term to denote a kind of pathological narcissism in which the individual is excited by his own body in its real (i.e., male) form; whereas Hirschfeld's automonosexual cross-dresser is aroused by the fantasy that his body is that of a woman.

Havelock Ellis, a contemporary of Hirschfeld's, had similar perceptions, although he couched them in somewhat different language. Ellis used the term *Eonism*, usually in regard to nonhomosexual males, to designate overt cross-gender behavior as well as subjective feelings; he sometimes used an alternative term, *sexo-aesthetic inversion*, for the same thing. In his view:

The Eonist is embodying, in an extreme degree, the aesthetic attribute of imitation of, and identification with, the admired object. It is normal for a man to identify himself with the woman he loves. The Eonist carries that identification too far.<sup>24</sup> (p. 244)

In other writings, Ellis reiterated his opinion that "Eonism" and normal heterosexual interest have some common point of origin: "Psychologically speaking, it seems to me that we must regard sexo-aesthetic inversion as really a modification of normal hetero-sexuality"<sup>14</sup> (p. 103). This point will be taken up again in the next section.

Fenichel,<sup>25</sup> writing on transvestism, also noted autogynephilic phenomena in terms not dissimilar from Hirschfeld and Ellis. He did not, however, dwell long at the descriptive level:

Love for the subject's own self—phantasies that the masculine element in his nature can have intercourse with the feminine

(i.e., with himself) are not uncommon. Love for the phallic mother is often transformed into love for the ego in which a change has been wrought by identification with her. This is a feature in the psychic picture which has struck even non-analytical writers, who have described a narcissistic type of transvestist. (p. 214)

Although Fenichel noted the same fantasies as Hirschfeld and Ellis, he also, in a sense, denied their importance. In Fenichel's view, the transvestite's driving fantasy was not the conscious thought of himself as a woman with a vulva but rather the unconscious thought of himself as a woman with a penis.

Buckner<sup>26</sup> advanced an elaborate theory of the developmental events leading to transvestism. In his theory, the future transvestite begins with fetishistic masturbation, but then

begins to build in fantasy a more complete masturbation image. . . . Through a process of identification and fantastic socialization he takes the gratificatory object into himself. . . . [The next step] involves this elaboration of masturbation fantasies into the development of a feminine self (pp. 383-384) . . . [which is] gratifying in both sexual and social ways. When it becomes fixed in his identity, he begins to relate toward himself in some particulars as if he were his own wife. (p. 387)

Thus, Buckner also recognized the erotic idea of being a woman, although it is debatable whether he located it correctly in the developmental sequence.

The foregoing examples show that a variety of writers have specifically noted autogynephilic ideation, although their formulations of it have been differently colored by their theoretical views. One final comment on the phenomenology of autogynephilia is necessary. Some of the foregoing clinical quotes might give the impression that the autogynephile experiences his feminine persona as a sort of imaginary twin, somehow distinct or detached from himself. Although this might be true in some cases, it is my sense that, most often, the individual simply experiences himself, in his own body, as a woman.

### *FINDINGS OF QUANTITATIVE STUDIES*

Although clinical observations of autogynephilia go back several decades, the only quantitative studies I know that bear directly on this topic are four recent investigations of my own. These studies suggest three main conclusions: 1) Autogynephilia is a misdirected type of heterosexual impulse, which arises in association with normal heterosexuality but also competes with it. 2) The majority of men who acknowledge anatomic autogynephilia also report some history of transvestism, and a substantial proportion also report some history of attraction to specific garments or

materials. 3) Anatomic autogynephilia is more closely associated with gender dysphoria than is transvestism. The research program generating these conclusions is described in the remainder of this section.

### *Autogynephilia and Heterosexuality*

Hirschfeld's observation that autogynephilic men "feel attracted not by the women outside them, but by the woman inside them" actually contains two separate ideas. The first is that autogynephilia may be conceived as a kind of misdirected heterosexuality. The second is that autogynephilia competes with normal heterosexual attraction.

The first hypothesis suggested by Hirschfeld's observation—that autogynephilia is a misdirected type of heterosexual impulse—predicts that one should find higher levels of autogynephilia in heterosexual—or at least nonhomosexual—men than in comparable homosexual men. This prediction has been supported by the results of a study by Blanchard.<sup>27</sup> The subjects in this study were 212 adult male-to-female transsexuals. These were divided into four groups: one homosexual (attracted to other males) and three nonhomosexual (attracted to females, to both sexes, or to neither sex).

The measure of autogynephilia used in this study was called the Core Autogynephilia Scale,<sup>27</sup> or CAS for short. Most of the items in this multiple-choice questionnaire measure ask whether the respondent has ever become sexually aroused while picturing himself with various features of the female anatomy (e.g., breasts). Therefore the CAS is primarily a measure of anatomic autogynephilia.

The four transsexual groups were compared on the CAS (and on several other psychosexual variables that are not immediately relevant). As predicted, all three categories of nonhomosexual males were more likely to report sexual arousal in association with fantasies of womanhood than the homosexual males. This finding supports the view that autogynephilia is, as Ellis put it, "really a modification of normal heterosexuality."

A subsequent study<sup>28</sup> examined the second hypothesis suggested by Hirschfeld's observation, namely, that autogynephilia and normally directed heterosexual interest are competing drives (or behaviors, or orientations). The subjects were 427 adult male outpatients who reported histories of dressing in women's garments, of feeling like women, or both. These were selected without regard to sexual orientation, and the sample included men reporting all degrees of sexual attraction to adult women.

For a sample thus composed, Hirschfeld's first hypothesis predicts that men reporting little interest in (real) women will also report little autogynephilia; as one moves along the continuum from subjects with low levels of heterosexual attraction toward subjects with intermediate levels, the amount of observed autogynephilia should increase. The second hypothesis concerns the middle-to-high range of the heterosexual interest continuum. The notion of intrinsic competition implies that high degrees of interest in the one type of sexual object preclude high degrees of interest



in the other. Thus, as one moves further along the continuum from subjects with intermediate levels of heterosexual attraction to subjects with high levels, the amount of observed autogynephilia should reverse direction and begin to decrease again. In operational terms, the combined hypotheses imply that a plotted function relating measures of autogynephilia and heterosexual interest should take the form of an inverted U; this was the prediction tested in the study.

As in the previous study, autogynephilia was measured with the CAS. Heterosexual interest was measured with the Modified Gynephilia Scale,<sup>13</sup> or MGS, a measure of erotic attraction to physically mature women specifically developed for the assessment of adult male gender patients. A third variable of present relevance, transvestism, was measured with the Cross-Gender Fetishism Scale,<sup>29,30</sup> or CGFS for short. This is a measure (for males) of the erotic arousal value of putting on women's clothes, perfume, and make-up, and shaving the legs. The items in the CGFS focus on the act of cross-dressing rather than subjective feelings of femininity.

As predicted, the highest levels of autogynephilia were observed at intermediate rather than high levels of heterosexual interest; that is, the function relating the CAS and the MGS did take the form of an inverted U. A different result was obtained for transvestism; the CGFS curve appeared to level off rather than reverse direction at the highest degrees of heterosexual interest. The former finding supports the view that autogynephilia is a misdirected type of heterosexual impulse, which arises in association with normal heterosexuality but also competes with it. The latter further suggests that some types of autogynephilia (e.g., anatomic autogynephilia) may compete more strongly with normal heterosexual attraction than other types (e.g., transvestism).

These findings are reinforced by other kinds of evidence that also suggest autogynephilia and normal heterosexual attraction are competing phenomena. The foregoing study was entirely cross-sectional in nature, the autogynephilic and heterosexual tendencies of each subject having been measured concurrently and only once. Clinical experience, however, suggests that this competition may also be observed longitudinally. It is not rare for a heterosexual male cross-dresser or gender dysphoric to report that, when he first met a woman and fell in love, his desires to cross-dress or engage in other cross-gender behaviors diminished or disappeared, sometimes for longer than a year. When, however, the intensity of passionate love resolved into the mellower comforts of married life, his desires to dress or live as a female reasserted themselves.

The results of the above study bear upon, and perhaps illuminate, one further clinical observation. Person and Ovesey<sup>12</sup> (p. 307) remarked that "interpersonal sexuality is almost always attenuated" in transvestism, and other clinical authors have made similar statements. My findings suggest that it may not be transvestism per se that competes with normal heterosexual attraction so much as the anatomic autogynephilia that often accompanies transvestism.

The conclusion of this section requires one additional point. In some autogynephilic men, the loss of sexual attraction to women is offset by a

kind of secondary erotic interest in men, already described in a previous section. Thus, the net impact of autogynephilia on erotic interest in other persons may be rather small. This was confirmed by Blanchard,<sup>27</sup> who found a near-zero correlation between the CAS and an Alloeroticism Scale, which was developed in that study to measure sexual interest in other persons irrespective of their sex.

### *Anatomic Autogynephilia, Transvestism, and Fetishism*

I have already stated the opinion that anatomic autogynephilia is usually found in association with transvestism rather than alone. There is no previously published research to support this assertion, however. In preparing the present article, I therefore carried out a small study to demonstrate this overlap. I also tried to estimate the proportion of autogynephiles with some evidence of fetishistic traits.

This investigation used the same resources as my other studies of autogynephilia.<sup>27,28,31</sup> The on-line database of the Clarke Institute of Psychiatry's Research Section of Behavioural Sexology includes questionnaire data on 3,500 male patients who have presented either at that department or at the Institute's Gender Identity Clinic since September 1980—the date when the last questionnaire items used in this study were added to the test battery. These cases were searched for all subjects who satisfied both of the following criteria: 1) The subject obtained a score less than 10 on the Modified Androphilia-Gynephilia Index,<sup>29</sup> thus indicating a nonhomosexual partner preference; and 2) he obtained a score of 3 or higher on the CAS, clearly acknowledging some history of autogynephilic arousal.

A total of 210 cases was retrieved for this study. The mean age of the sample was 33.4 years (range = 18–67 years). The mean, median, and modal educational level were all Grade 12.

The selected subjects were then dichotomously classified as transvestic or not-transvestic, fetishistic or not-fetishistic. A subject was classified as transvestic if he endorsed any item on the CGFS. A subject was classified as fetishistic if he responded positively to the individual questionnaire item, *Do you think that certain inanimate objects (velvet, silk, leather, rubber, shoes, female underwear, etc.) have a stronger sexual attraction for you than for most other people?*

The results showed that 90% of these autogynephilic men acknowledged some history of transvestism: 35% acknowledged transvestism alone, and 55% acknowledged fetishism as well as transvestism. The remaining 10% denied both. It should be noted that this last group did not necessarily deny cross-dressing; they merely denied being sexually aroused by cross-dressing.

The above percentages should be regarded as "ball park" estimates rather than precise figures. The item used to diagnose fetishism does not distinguish as clearly as one would like between transvestism and fetishism (although its connotations seem clear enough, particularly for gender

patients, who rarely are very naive about such matters). We do not, moreover, know whether subjects are equally willing to acknowledge autogynephilia, transvestism, and fetishism; or how a greater reluctance to report one of these paraphilias might affect our results. I believe, however, that the above study is adequate to indicate the general trend: The majority of men who acknowledge anatomic autogynephilia also report some history of transvestism, and a substantial proportion also report some history of attraction to specific garments or materials.

### *Autogynephilia and Gender Dysphoria*

The different types of autogynephilia, alone or in various combinations, tend to occur in association with another phenomenon of equal clinical significance, namely, gender dysphoria. Analyzing the relationship between autogynephilia and gender dysphoria is likely to prove a long-term undertaking, requiring multiple studies. A reasonable place to start on this task is determining which types of autogynephilia are most closely associated with gender dysphoria. One would think, on clinical or even commonsense grounds, that different types of autogynephilia are likely to differ in the strength of such associations. It would seem, in particular, that the man whose principal sexual fantasy is that of having a woman's body would be closer to requesting vaginoplasty than the man whose principal fantasy is that of wearing women's clothes. This logic leads to the general prediction that anatomic autogynephiles should be more gender dysphoric than transvestites.

The above prediction was tested in the fourth quantitative study.<sup>31</sup> The subjects were 238 nonhomosexual male outpatients with some history of autogynephilic behavior. These were divided into three groups: those most aroused sexually by images of themselves as nude women; those most aroused by images of themselves as women in underwear; and those most aroused by images of themselves as fully clothed women. Thus, in the terminology used in the present article, the first, or Nude, group were primarily anatomic autogynephiles; the Underwear and Clothed groups were primarily transvestic autogynephiles (or simply, transvestites).

These subjects were then compared on questionnaire measures of gender dysphoria as well as other psychosexual variables. As predicted, the Nude group was significantly more gender dysphoric than either the Clothed or the Underwear group.

The above finding suggests the following, rudimentary theory relating an individual's type of autogynephilia to the presence or absence of transsexual wishes: Autogynephilia takes a variety of forms. Some men are most aroused sexually by the idea of wearing women's clothes, and they are primarily interested in wearing women's clothes. Some men are most aroused sexually by the idea of having a woman's body, and they are most interested in acquiring a woman's body. Viewed in this light, the desire for sex reassignment surgery of the latter group appears as logical as the desire of heterosexual men to marry wives, the desire of

homosexual men to establish permanent relationships with male partners, and perhaps the desire of other paraphilic men to bond with their paraphilic objects in ways no one has thought to observe. I will return to this idea in a later discussion.

An unanticipated result of this study was the pattern of differences between the Clothed and Underwear groups. The Underwear group was reliably less gender dysphoric, reliably more sadistic and masochistic. This suggests that an adequate taxonomy of autogynephilia may require more than a breakdown into anatomic, physiologic, behavioral, and transvestic types. One may also find clinically significant distinctions by subdividing (primarily) transvestic cases according to their preferred articles of women's apparel.

Another secondary finding was that the Nude group was the same age as the Underwear group and significantly younger than the Clothed group. This outcome makes it unlikely that erotic fantasies of having a woman's body are the end result of some progression that necessarily begins with erotic fantasies of wearing women's clothes. This finding, therefore, reinforces the point made in introducing the clinical vignette of "Philip," namely, that it is questionable whether anatomic autogynephilia should be regarded as an outgrowth or extension of transvestism.

### *ETIOLOGICAL CONJECTURES*

This section discusses hypotheses of autogynephilia and autogynephilic gender dysphoria suggested by the objective data reviewed above. These are intended as working hypotheses for future studies rather than final conclusions on the research completed to date.

#### *Etiology of Autogynephilia*

The finding that anatomic autogynephilia tends to be accompanied by transvestism and fetishism is another example of the well-known tendency for multiple paraphilias to occur in the same individual.<sup>5,32-37</sup> Specific clusters previously described include one comprising voyeurism, exhibitionism, toucheurism-frotteurism, and preferential rape<sup>38-40</sup> and another comprising shoe or foot fetishism and masochism.<sup>22,41</sup>

Bancroft<sup>42</sup> observed that the tendency of paraphilias to occur together suggests that the conditions necessary for the development of one type of paraphilia may facilitate the development of others. He conjectured that this potential might stem from some characteristic of the individual's nervous system that underlies sexual learning. Bancroft's notion may be extended a bit further: The fact that there is more than one type of paraphilic cluster suggests that there may be more than one type of paraphilic diathesis.

What kind of defect in a male's capacity for sexual learning could produce anatomic autogynephilia, transvestism, and fetishism, singly and in various combinations? Common to all these phenomena is a kind of error in locating heterosexual targets in the environment. In fetishism,

the individual orients toward a particular garment (e.g., panties, brasieres) rather than those parts of the female body the garment usually covers. In transvestism, the individual is aroused by the appearance of an attractively clad woman, but he locates this image on himself rather than another person. In anatomic autogynephilia, the individual is oriented toward the characteristic features of the feminine physique (e.g., breasts), but he attempts, in some way, to locate these features on his own body.

The above analysis suggests the failure of some developmental process that, in normal males, keeps heterosexual learning "on track," perhaps by biasing erotic response toward external rather than internal stimuli, and inherent rather than variable features of the female appearance. This putative defect allows the development of various misdirected—but still recognizably heterosexual—behaviors, and makes it possible, if not probable, that more than one misplaced interest will appear in the same individual.

This etiological hypothesis explains the tendency for anatomic autogynephilia to be accompanied by transvestism and fetishism without asserting that any one of these paraphilias is a direct consequence of another. This is critical because, although these paraphilias do tend to cluster, each of them can and does also occur alone. There are, on the other hand, some types of autogynephilic behavior and fantasy that might be explained as secondary elaborations of more basic forms.

Autogynephilic fantasies of vaginal intercourse with men, with the subject imagining himself in the female role, are a case in point. I have already presented my view that the effective erotic stimulus in such interactions is not the male physique of the partner, as it is in true homosexual attraction, but rather the thought of being a woman, which is incorporated in the fantasy of being penetrated by a man. This analysis prompts the question: Why should the autogynephile fantasize vaginal intercourse when he could simply fantasize himself with a vagina? The answer may lie with a general characteristic of heterosexual men. The most common activity in pornographic videotapes made for this population is heterosexual intercourse (including fellatio and cunnilingus); scenes of solitary women masturbating themselves are considerably less frequent. This suggests that heterosexual observers are more aroused by a man and woman together than by a woman alone, even though the male actor may have no value as a sexual object in his own right. In autogynephilic men "observing" their own fantasies, this same propensity may make images of vaginal intercourse more exciting than simple images of themselves with vaginas. This hypothesis illustrates that the relatively complex and active fantasies of behavioral autogynephilia may be the result of anatomic autogynephilia interacting with certain components of normal heterosexual behavior.

In summary, the quantitative data<sup>27</sup> together with the qualitative analyses presented in this section support Ellis's contention that autogynephilia is "really a modification of normal hetero-sexuality." The nature of this

"modification" is, at least initially, one of direction, with behaviors suggesting heterosexual intent directed at objects other than real-life females.

### *Etiology of Transsexualism in Nonhomosexual Men*

The last quantitative study clarified one aspect of the relationship between autogynephilia and transsexualism: Within the population of adult nonhomosexual men with recurrent cross-dressing or cross-gender ideation, the desire to be female is more closely associated with anatomic autogynephilia than with transvestism.<sup>31</sup> Neither this nor any other available study, however, elucidates the developmental interrelationships of autogynephilia and transsexualism.

Any viable theory relating the etiologies of autogynephilia and transsexualism must explain the following well-established observation: Gender dysphoria, in young nonhomosexual males, usually appears along with, or subsequent to, autogynephilia; in later years, however, autogynephilic sexual arousal may diminish or disappear, while the transsexual wish remains or grows even stronger.<sup>12,15,33,43-45</sup> Such histories are often produced by gender-dysphoric patients, but one does not have to rely on self-report to accept that the transsexual motive may attain, or inherently possess, some independence from autogynephilia. The same conclusion is suggested by the fact that surgical castration and estrogen treatment—which decrease libido in gender dysphorics as in other men—usually have no effect on the desire to live as a female or the resolve to remain in that role.

One may speculate that the above developmental sequence reflects the operation, in autogynephilic men, of certain normal heterosexual behaviors. Many men, after years of marriage, are less excited by their wives than they were initially but continue to be deeply attached to them; in other words, pair-bonding, once established, is not necessarily dependent on the continuation of high levels of sexual attraction. 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.

It must be emphasized that the foregoing discussion pertains entirely to transsexualism in nonhomosexual males. I have previously argued, on the basis of both formal research and clinical evidence, that the type of transsexualism that develops in this population is qualitatively different from the type that develops in homosexual males<sup>1,13,27,46</sup> and from the type that develops in nonhomosexual females.<sup>1,47</sup>

### CONCLUSIONS

The concept of autogynephilia—or something very like it—is needed to fill a gap in our current battery of concepts and categories for thinking about gender identity disorders. There is no other term for designating

erotic arousal in men associated with the thought or image of themselves as women; there is no other conceptual basis for classifying erotic fantasies as diverse in form—but similar in meaning—as menstruating, breast-feeding, making love to a lesbian as a gay woman, making love to a man as a straight woman, sitting in a girls' class at school, knitting, and possessing shaved legs. The concept of transvestism does not meet this need. Transvestism is now “officially” and quite narrowly defined in the DSM-III-R as “recurrent intense sexual urges and sexually arousing fantasies involving cross-dressing”<sup>48</sup> (p. 289). Broadening the definition of transvestism to capture behaviors and fantasies like those mentioned above would, at this point, create more confusion than simply adding another term to the nomenclature; moreover, the term *transvestism* would be a very poor descriptor of the behavioral class in question.

The notion of autogynephilia points toward an unexplored, multiform array of cross-gender behaviors that must eventually be explained by any comprehensive theory of gender identity disorders. The process of generating and testing such theories might even force refinements, if not substantial revisions, in current explanations of the familiar form of autogynephilia, transvestism. Not only the etiological theory of gender identity disorders but also the clinical management of these conditions could profit from adding the notion of autogynephilia to our conceptual armamentarium. The research completed to date on nonhomosexual male gender patients indicates that anatomic autogynephilia rather than transvestism is the main correlate of transsexual tendencies and also of diminished capacities for heterosexual relations and pair-bond formation. These findings suggest that clinicians' prognostic judgments might improve if they question their patients about the less visible forms of autogynephilia as well as the outward forms such as transvestism.

I have, at a few places in this article, speculated that some aspect of autogynephilia might be understood in relation to characteristic features of heterosexual behavior. If I am correct, then progress in explaining autogynephilia is linked to progress in explaining normal heterosexual development. It is conceivable that concepts and theories might flow in both directions, with research on autogynephilic behavior elucidating aspects of ordinary heterosexuality. It is, on the other hand, certain that a full account of normal psychosexual development is essential to any comprehensive theory of autogynephilia, and that we cannot, in the final analysis, understand how one man comes to love himself as a woman until we understand how another man comes to love a woman.

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