

Deconstructing the Feminine Essence Narrative

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In Dreger's history of the controversy surrounding Bailey's (2003) work on femininity in biological males, she refers to the popular view of male-to-female transsexualism as the *feminine essence narrative*. Because my commentary considers the feminine essence view as a set of propositions rather than as a story, I will refer to it as the *feminine essence theory*.

Dreger presents the main ideas of the theory quite clearly enough for the purposes of her history. She writes, for example, that according to the feminine essence theory, "trans people suffer from a sort of trick of nature, whereby they have the brain of one gender in the body typical of the other. Thus the trans person has a sort of neurological intersex condition, typically understood to be inborn." She does not, however, formally enumerate the distinguishable elements and implications of the theory, an exercise that would have taken her beyond the scope of her article. Such an analysis is the subject of this commentary. My purpose in writing it is to present the feminine essence theory in a form that facilitates its comparison with other theories of male-to-female transsexualism, including my own view.

The remainder of this commentary has three main parts. First, I will list what I consider to be the central tenets of the feminine essence theory. There is no "official version" of this theory, and another author might come up with a shorter or longer list of tenets, or state some of them in different

language. Second, I will explain each of the tenets as I conceive them, and third, I will compare the various elements of the feminine essence theory with my own conjectures.

Tenets of the Feminine Essence Theory

1. Male-to-female transsexuals are, in some literal sense and not just in a figurative sense, women inside men's bodies.
2. There is only one type of woman, therefore there can be only one type of (true) transsexual.
3. Apparent differences among male-to-female transsexuals are relatively superficial and irrelevant to the basic unity of the transsexual syndrome.
4. Male-to-female transsexuals have no unique, behavioral or psychological characteristics that are absent in typical men and women.

Elaboration of the Tenets

Women Trapped in Men's Bodies

The popular description of male-to-female transsexuals as women trapped in men's bodies has sometimes been interpreted to mean that they feel like women or that they wish to be women. The feminine essence theory proposes that they *are* women. This proposition is usually paired with the notion that there exist one or more sex-dimorphic structures of the human brain that can be regarded as the seat of gender identity, and that key parameters of these structures (e.g., neuron number or density) are similar in male-to-female transsexuals and natal females (see Bailey & Triea, 2007). Contemporary proponents of this view also generally hold

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that the female-typical structure of the gender identity center(s) is congenital, so that male-to-female transsexuals are and always have been female where it counts—in the brain.

Singularity of the Feminine Essence

Human females do not occur in alternative morphs; that is, human females do not consist of two or more discrete subpopulations with different phenotypes, as in the damselfly or the black bean aphid. Since there is only one type of human female, there can be only one type of female trapped in a male body. It follows that the notion of a taxonomy of transsexuals with discrete diagnostic categories is almost oxymoronic. There may be a miscellany of males who, for whatever reason, desire sex reassignment and might even profit from it, but without the singular feminine essence—or its characteristic neuroanatomic substrate—they cannot be considered to be real transsexuals.

The notion of a single, true transsexual syndrome exists within the transsexual subculture as well as parts of the scientific community. One can find, on the Internet, hostile postings in which one postoperative transsexual derides another as a pseudotranssexual who transitioned for the “wrong” reasons.

Irrelevance of Apparent Differences

Contemporary proponents of the feminine essence theory freely acknowledge that some male-to-female transsexuals are erotically attracted to men, both before and after sex reassignment surgery, whereas others are erotically attracted to women, before and after surgery. In my terminology, which follows the individual’s chromosomal sex, these groups are *homosexual* and *heterosexual* transsexuals, respectively. In their own terms, which follow their subjective gender identity rather than their chromosomal sex, they are heterosexual (“straight”) and homosexual (“lesbian”) trans women, respectively.

Research has shown that homosexual and heterosexual male-to-female transsexuals (my terminology) differ in the onset, course, and associated features of their disorders. Compared with homosexual transsexuals, heterosexual transsexuals are less conspicuously feminine in boyhood (Blanchard, 1988; Smith, van Goozen, Kuiper, & Cohen-Kettenis, 2005), they approach clinicians with the request for sex reassignment at a later age (Blanchard, 1988; Smith et al., 2005), they have a less convincing appearance when dressed as women (Smith et al., 2005), they have more extensive histories of penile erection with or without masturbation during cross-dressing (Blanchard, 1985; Lawrence, 2008; Smith et al., 2005), and they are more likely to report histories of erotic arousal in association with the thought or image of themselves as women

(Blanchard, 1989a). I labeled the propensity to be sexually aroused by cross-gender ideation *autogynephilia* (Blanchard, 1989b), after many decades in which clinical writers had described the phenomenon without giving a name to it (see Blanchard, 2005).

According to the feminine essence theory, the differences between homosexual and heterosexual transsexuals have no bearing on the origins of transsexualism per se. There is no more need to ask whether homosexual and heterosexual male-to-female transsexuals have the same reasons for believing themselves to be women than there is to ask whether homosexual and heterosexual natal females have the same reasons for believing themselves to be women.

Absence of Unique Features

The feminine essence theory is not incompatible with the possibility that transsexuals’ behavior includes some male-typical and some female-typical traits. Male-to-female transsexuals have, after all, been subject to societal pressures to act like males throughout most of their development. The theory is, however, incompatible with a high prevalence of distinctive traits that are typical of neither males nor females.

For the foregoing reason, the high prevalence of autogynephilia among male-to-female transsexuals might seem to represent a challenge to the feminine essence theory. The simple rebuttal offered by the theory’s proponents is that natal females commonly experience sexual arousal at the thought of themselves as attractive women. On this view, autogynephilia is not a generally rare trait with a strikingly high prevalence among male-to-female transsexuals; it is a common behavior in all women, whether they happen to be born with male or female bodies.

Comparison With My Version of the Traditional Clinical View

Over a period of 20 years (Blanchard, 1985, 2005), I published a series of papers that attempted to integrate and systematize the clinical observations and research findings on male-to-female transsexuals published during the last century. My conclusions were adopted, in part or in whole, by Bailey (2003) and Lawrence (2004). The substantive parts of Bailey’s book that contributed to his attackers’ motivation were largely parts that were based on my writings and that contradicted the feminine essence theory. It is therefore relevant to consider precisely how the tenets of that theory conflict with my synthesis of the traditional clinical literature. I will begin my comparisons with the last of the four tenets and work my way up the list.

Occurrence of Autogynephilia in Natal Females

The notion that typical natal females are erotically aroused by—and sometimes even masturbate to—the thought or image of themselves as women might seem feasible if one considers only conventional, generic fantasies of being a beautiful, alluring woman in the act of attracting a handsome, desirable man. It seems a lot less feasible when one considers the various other ways in which some autogynephilic men symbolize themselves as women in their masturbation fantasies. I recall more than one patient who had sexual fantasies of menstruation and masturbatory rituals that simulated menstruation. I recently read about an individual who fantasized, while giving himself enemas, that his anus was a vagina and that he was giving himself a vaginal douche. I have listed other examples in previous articles: an autogynephile who was sexually aroused by the thought of helping the maid clean the house or sitting in a girls' class at school, an autogynephile whose favorite masturbation fantasy was knitting in the company of other women, an autogynephile who was sexually aroused by the idea of riding a girls' bicycle, and an autogynephile who got an erection when he went out cross-dressed and someone called him "ma'am." These examples argue that autogynephilia has a fetishistic flavor that makes it qualitatively different from any superficially similar ideation in natal females.

There is also the very telling phenomenon of autogynephiles who are *involuntarily* aroused by cross-dressing or cross-gender ideation. I gave an example of that in Blanchard (2005), and other authors had reported such observations before I started working in the field. Buhrich (1978) reproduced quotes from men who regarded genital arousal as an unwanted and bothersome by-product of changing into women's apparel: "When I ejaculate it is an accident and undesirable," "I can manage to 'dress' now and not have an erection," "I masturbate to get rid of the erection so I can get on with dressing" (p. 147). It seems likely that few natal women would give the analogous reports that they wish that they could put on their clothes without triggering vaginal lubrication or orgasm.

Proponents of the feminine essence theory could argue that it is an empirical question whether heterosexual male-to-female transsexuals manifest a higher prevalence of autogynephilia than do natal females. My view, in contrast, is that the correct control group for such (necessarily survey) research is not natal females but rather homosexual male-to-female transsexuals, and that the results of such research have already shown that autogynephilia is characteristic of heterosexual transsexuals (Blanchard, 1989a). Thus, it is unlikely that heterosexual male-to-female transsexuals manifest autogynephilia simply because they resemble natal females. If heterosexual male-to-female transsexuals report sexual arousal

from thoughts of being feminine because they are like natal women, then why don't homosexual male-to-female transsexuals report sexual arousal from thoughts of being feminine? Homosexual male-to-female transsexuals are just as much like natal women, perhaps more so. In summary, my view is that male-to-female transsexuals—more specifically, one class of them—do have at least one important characteristic that is absent in both typical men and women.

Significance of Differences Among Male-to-Female Transsexuals

In my view, the differences between homosexual and heterosexual male-to-female transsexuals regarding the onset, course, and associated features of their disorders are not superficial, insignificant distinctions. I view them as evidence that homosexual and heterosexual transsexualism probably have different etiologies. I have stated this conclusion in several places. In Blanchard (2005), I expressed it as follows:

There are two distinct types of cross-gender identity. The feminine gender identity that develops in homosexual males is different from the feminine gender identity that develops in heterosexual males. In other words, homosexual and heterosexual men cannot "catch" the same gender identity disorder in the way that homosexual and heterosexual men can both "catch" the identical strain of influenza virus. Each class of men is susceptible to its own type of gender identity disorder and only its own type of gender identity disorder. (p. 443)

Typology of Male-to-Female Transsexualism

It will be clear, from the preceding paragraph, that I believe there is more than one type of male-to-female transsexualism. In this regard, I agree with the majority of previous clinical writers. Where I depart from my predecessors is that many of them identified one type of transsexual as *true* or *primary* and labeled the remaining type or types as *secondary*. That is not to say that all previous researchers agreed on the diagnostic criteria for primary and secondary transsexualism. They routinely contradicted each other, in fact, about the defining characteristics of the true (primary) transsexual.

I eschewed the primary–secondary terminology for a variety of reasons, one being that it implies a hierarchy of genuineness. My main reason, however, was that I believed that transsexuals' sexual orientations are the best basis for classification. After a series of studies designed to identify the number of fundamentally different types, I hypothesized that there are only two: "All gender-dysphoric biological males who are not homosexual (erotically aroused by other

males) are instead autogynephilic (erotically aroused by the thought or image of themselves as females)” (Blanchard, 2005, p. 445).

Bailey adopted my hypothesis of two discrete types, and this became a recurring point of contention in the attacks on his book. Bailey was criticized for his (our) stance by many transsexuals who recalled no subjective awareness of sexual response to men or to cross-gender ideation and who insisted, on that basis, that they must belong to a third type.

I have not seen any new research studies that present compelling evidence for a third, distinct type of male-to-female transsexualism. It is quite difficult, however, to achieve complete certainty in taxonomic work. I made this point in a lecture on the parallels between gender identity disorder (GID) and body integrity identity disorder (BIID), a condition characterized by the feeling that one’s proper phenotype is that of an amputee, together with the desire for surgery to achieve this. Most, but not all, persons with BIID report some history of erotic arousal in association with thoughts of being an amputee (apotemnophilia). In discussing the taxonomic problems common to the study of GID and BIID, I noted the following:

There are some nonhomosexual male-to-female transsexuals who state that they were *never* erotically aroused by cross-dressing or cross-gender fantasy. Similarly, there are some persons with BIID who claim that they were *never* erotically aroused by the idea of being amputees. I’ve published two studies that suggest at least some transsexuals who deny autogynephilic arousal are consciously or unconsciously distorting their histories. That doesn’t completely solve the taxonomic problem, however. There could still be some nonhomosexual transsexuals whose denial of any autogynephilic arousal is accurate. The taxonomic study of GID and BIID raises the same problem: How does one decide when the discrepant self-reports of a minority of patients indicate psychological denial and when they indicate a bona fide separate syndrome? (Blanchard, 2003)

The question of whether there are two or three distinct types of male-to-female transsexualism is an interesting and important one in its own right. There is a sense, however, in which the difference between two, three, or even more discriminably different syndromes of gender dysphoria is tangential to the feminine essence theory per se. The feminine essence theory implies that there can be only one kind of true transsexualism; it is silent about the number of other syndromes that might imitate its symptoms.

Transsexuals as Intersexes

In principle, one could hypothesize that there are two, three, or more sex-dimorphic structures in the brain that influence

gender identity, and that the differentiation of any one of them in the female-typical direction could cause a natal male to develop as a male-to-female transsexual. This strategy would preserve the concept of transsexualism as a kind of intersexuality, and it would allow for the possibility of multiple, separate but equal types of transsexualism. Such a strategy presents certain philosophical problems for the feminine essence theory, however. Presumably, all gender-identity-related structures are differentiated in the female-typical direction in the overwhelming majority of natal females. If there are multiple types of male-to-female transsexuals with different subsets of female-differentiated structures, then all of them would be incomplete females. That notion is quite inharmonious with the spirit of contemporary feminine essence theory, which emphasizes the psychology of male-to-female transsexuals as that of “normal” women. For this reason, the ideal neuroanatomic finding, from the standpoint of the feminine essence theory, would be a single gender identity center that is differentiated in the female-typical direction in heterosexual, homosexual, and any other type of male-to-female transsexual.

My personal view—which I present here only because it has so often been incorrectly surmised by participants in the Bailey controversy—is that the brains of both homosexual and heterosexual male-to-female transsexuals probably differ from the brains of typical heterosexual men, but in different ways. In homosexual male-to-female transsexuals, the difference does involve sex-dimorphic structures, and the nature of the difference is a shift in the female-typical direction. If there is any neuroanatomic intersexuality, it is in the homosexual group. In heterosexual male-to-female transsexuals, the difference may not involve sex-dimorphic structures at all, and the nature of the structural difference is not necessarily along the male–female dimension. None of this speaks to the relative usefulness of reassignment surgery for the two groups, which is an empirical matter that must be decided on grounds other than etiology (Blanchard, 2000).

Conclusion

As I have previously noted, there undoubtedly exist variant forms of both the folk and academic versions of the feminine essence theory. Some of these variations can be understood with regard to the four tenets that I listed. I can illustrate this with a clinical example. I have interviewed more than one preoperative male-to-female transsexual whose entire sexual history had been with women, but who told me that they expected (or hoped) that after surgery they would start to feel attracted to men. When I asked them why they would not want to be lesbians after surgery—which seemed like the more probable outcome to me—they answered that (in their view) lesbians are masculine and thus are not “real” women. For that

reason, they felt that ending up as a lesbian after surgery would represent a failure to achieve full womanhood. These individuals apparently subscribed to the notion of a singular feminine essence, but they denied its presence in lesbians. By implication, therefore, they denied the third tenet, which asserts that “straight” and “lesbian” trans women can lay equal claim to the designation of true transsexuals.

There may be versions of the feminine essence theory that vary in ways not covered by the tenets I identified. One might hope that this will stimulate other writers to compile different and perhaps better lists of the theory’s propositions and implications. Such a conversation may eventually help to clarify the substantive component of controversies regarding transsexualism.

References

- Bailey, J. M. (2003). *The man who would be queen: The science of gender-bending and transsexualism*. Washington, DC: Joseph Henry Press.
- Bailey, J. M., & Triea, K. (2007). What many transgender activists don’t want you to know—and why you should know it anyway. *Perspectives in Biology and Medicine*, *50*, 521–534.
- Blanchard, R. (1985). Typology of male-to-female transsexualism. *Archives of Sexual Behavior*, *14*, 247–261.
- Blanchard, R. (1988). Nonhomosexual gender dysphoria. *Journal of Sex Research*, *24*, 188–193.
- Blanchard, R. (1989a). The concept of autogynephilia and the typology of male gender dysphoria. *Journal of Nervous and Mental Disease*, *177*, 616–623.
- Blanchard, R. (1989b). The classification and labeling of nonhomosexual gender dysphorias. *Archives of Sexual Behavior*, *18*, 315–334.
- Blanchard, R. (2000). Part II: The case for publicly funded transsexual surgery. *Psychiatry Rounds*, *4*(2), 4–6.
- Blanchard, R. (2003). *Theoretical and clinical parallels between body integrity identity disorder and gender identity disorder*. Paper presented at the Third Annual International BIID Meeting, Columbia University, New York.
- Blanchard, R. (2005). Early history of the concept of autogynephilia. *Archives of Sexual Behavior*, *34*, 439–446.
- Buhrich, N. (1978). Motivation for cross-dressing in heterosexual transvestism. *Acta Psychiatrica Scandinavica*, *57*, 145–152.
- Lawrence, A. A. (2004). Autogynephilia: A paraphilic model of gender identity disorder. *Journal of Gay & Lesbian Psychotherapy*, *8*, 69–87.
- Lawrence, A. A. (2008). Male-to-female transsexual subtypes: Sexual arousal with cross-dressing and physical measurements [Letter to the Editor]. *Psychiatry Research*, *159*, 319–320.
- Smith, Y. L. S., van Goozen, S. H. M., Kuiper, A. J., & Cohen-Kettenis, P. T. (2005). Transsexual subtypes: Clinical and theoretical significance. *Psychiatry Research*, *137*, 151–160.