Arch Sex Behav (2009) 38:1050–1056
DOI 10.1007/s10508-008-9446-6

ORIGINAL PAPER: CLINICAL CASE REPORT SERIES

Anatomic Autoandrophilia in an Adult Male

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Received: 21 May 2008 / Revised: 15 September 2008 / Accepted: 17 October 2008 / Published online: 18 December 2008

Abstract Some men are sexually aroused by impersonating the individuals to whom they are sexually attracted, or by permanently changing their bodies to become facsimiles of such individuals. Blanchard (J Sex Marital Ther 17:235–251, 1991) suggested that these paraphilic sexual interests, along with fetishism, represented *erotic target location errors*, i.e., developmental errors in locating erotic targets in the environment. Because the desire to impersonate or become a facsimile of the kind of person to whom one is attracted can have significant implications for identity, Freund and Blanchard (Br J Psychiatry 162:558–563, 1993) coined the term *erotic target identity inversion* to describe this type of erotic target location error. The best-known examples of erotic target identity inversions occur in men who are sexually attracted to women and who are also sexually aroused by the idea of impersonating or becoming women; these paraphilic interests manifest as transvestic fetishism and as one type of male-to-female transsexualism. Analogous erotic target identity inversions have been described in men who are sexually attracted to children and to female amputees. In theory, erotic target identity inversions should also occur in men who are sexually attracted to men. There have been no unambiguous descriptions, however, of men who are sexually attracted to men and also sexually aroused by the idea of changing their bodies to become more sexually attractive men. This report describes such a man, whose paraphilic interest would appropriately be called *anatomic autoandrophilia*. The demonstration that anatomic autoandrophilia exists in men is consistent with the theory that erotic target location errors constitute an independent paraphilic dimension.

Keywords Autoandrophilia · Erotic target location error · Erotic target identity inversion · Autogynephilia · Paraphilia

Introduction

Some men are sexually aroused by the act or fantasy of impersonating the individuals to whom they are sexually attracted, or permanently changing their bodies to become facsimiles of such individuals (Blanchard, 1991; Freund & Blanchard, 1993; Lawrence, in press). Blanchard (1991) suggested that these paraphilic sexual interests, along with fetishism, could be conceptualized as *erotic target location errors*, i.e., developmental errors in locating erotic targets in the environment. Erotic target location errors in which men desire to impersonate or become a facsimile of the kind of person to whom they are attracted can have important implications for identity; consequently, Freund and Blanchard (1993) coined the term *erotic target identity inversion* to describe this particular type of erotic target location error. The best-known example of erotic target identity inversion is transvestic fetishism, in which men who are sexually attracted to women (*gynephilic*) are also sexually aroused by the act or fantasy of wearing women's clothing and impersonating women. Another well known example of erotic target identity inversion is the nonhomosexual type of male-to-female (MtF) transsexualism, in which men who are

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gynephilic are also sexually aroused by the act or fantasy of permanently changing their bodies into facsimiles of women's bodies (Blanchard, 1991; Lawrence, 2004, 2007).

Blanchard (1989a) had earlier coined the term *autogynephilia* (literally, "love of oneself as a woman") to describe the paraphilic sexual interest that he theorized was the driving force behind both transvestic fetishism and nonhomosexual MtF transsexualism. He formally defined autogynephilia as "a male's propensity to be sexually aroused by the thought of himself as a female" (1989b, p. 616). According to Blanchard's formulation, autogynephilia is the paraphilic sexual interest that underlies and explains erotic target identity inversion in gynephilic men.

Blanchard (1991) observed that autogynephilic men might desire to emulate almost any element of women's appearance, embodiment, or experience, leading to several different expressions of autogynephilia. Some autogynephilic men want to temporarily make their bodies resemble women's bodies by wearing women's clothing (*transvestic autogynephilia*), which manifests clinically as transvestic fetishism. Other autogynephilic men want to undergo cross-sex hormone therapy and sex reassignment surgery to permanently change their bodies into facsimiles of women's bodies (*anatomic autogynephilia*), which manifests clinically as nonhomosexual (or autogynephilic) MtF transsexualism. In many cases, men who experience transvestic and anatomic autogynephilia also want to behave in ways that are typical of women (*behavioral autogynephilia*).

Freund and Blanchard (1993) extended the concept of erotic target identity inversion by demonstrating that analogues of transvestic fetishism and autogynephilic MtF transsexualism could be observed in some men whose preferred erotic targets were children (i.e., who were pedophilic). They provided brief case reports of pedophilic men who were sexually aroused by dressing as children and other pedophilic men who were sexually aroused by the fantasy of being children or having a child's body. Freund and Blanchard (1993) theorized that erotic target location errors constituted an independent paraphilic dimension, one that could potentially coexist with any type of normophilic or paraphilic erotic target preference:

> For every class of sexual object, there will be small subgroups of men who develop fetishes for clothing associated with the desired object, who develop the erotic fantasy of being the desired object, and who develop the sustained wish to transform their own bodies into facsimiles of the desired object. (p. 562)

Consistent with Freund and Blanchard's proposal, Lawrence (2006) demonstrated that analogues of transvestic fetishism and autogynephilic MtF transsexualism could be observed in men whose preferred erotic targets were female amputees.

An erotic preference for adult males is called *androphilia*. The erotic preference associated with the corresponding erotic target identity inversion, in which androphilic persons experience sexual arousal to the thought or image of being male or having a male body, has been called *autoandrophilia* (Dickey & Stephens, 1995). Zavitzianos (1972, 1977) described androphilic men who were sexually aroused by wearing certain items of men's clothing and by fantasizing that they were, or were similar to, the men who typically wore such clothing. Zavitzianos called this clinical phenomenon *homeovestism*; an appropriate term for the associated erotic preference would be *homeovestic autoandrophilia.*

Freund and Blanchard (1993) theorized that other androphilic men who experienced erotic target identity inversion might be sexually aroused by the idea of changing their bodies to resemble their preferred targets, who presumably would be muscular, masculine-appearing men; *anatomic autoandrophilia* would be an appropriate term for this erotic preference (Lawrence, in press). Freund and Blanchard suggested that the clinical manifestation of this type of erotic target identity inversion "would probably be subtle and difficult to detect" (p. 562). Lawrence (2006) proposed that some cases of bodybuilding by gay men might represent manifestations of anatomic autoandrophilia. Although descriptions of anatomic autoandrophilia in female-to-male (FtM) transsexuals have appeared on the Internet (e.g., Kaldera, n.d.), published descriptions of unambiguous anatomic autoandrophilia in men appear to be nonexistent. In this report, I describe a case of apparent anatomic autoandrophilia in an adult male.

Case Report

The informant, CB, is a 48-year-old, right-handed, unmarried, Conservative Jewish man of European American ethnicity. CB contacted me through a mutual colleague. He stated that he believed his sexual interests were unusual and that he wanted to discuss the factors he felt had contributed to their development. I interviewed CB for about four hours in November 2006. With his permission, the interview was recorded on audiotape. CB also reviewed the completed manuscript to ensure that my description of him was accurate.

CB was the second of three children born to upper-middle-class, European American, Orthodox Jewish parents in the eastern United States. He was the product of an uncomplicated, full-term pregnancy and vaginal delivery. To his knowledge, his mother had not taken any medications or drugs during the pregnancy. His birth weight was 8.5 lbs and no anomalies were detected at birth. He was told that he met most normal developmental milestones, but first walked at about age 18 months, which he considered late.

CB's father was born in Poland in the early 1920s; most of his family died in the Holocaust. CB's father emigrated to the United States in the late 1940s, where he worked as a teacher of religious studies; later he was employed as a caseworker for a state welfare agency. CB never experienced a close relationship with his father: He described him as "cheap, paranoid, and cold," an angry, bitter man who made everyone around him miserable. CB currently sees his father about once a month, but he described their relationship as superficial. CB's mother was born in the United States in the late 1920s and worked as a high school teacher and homemaker. CB described her as warm and loving, but overprotective and a constant worrier. He enjoyed a close relationship with his mother throughout his childhood and adulthood, until her death from cancer in the late 1990s. CB had two siblings, a brother, 2-1/2 years older, and a sister, 4 years younger. CB described his brother as displaying "paranoid" and "obsessive-compulsive" traits throughout his life; nevertheless, CB and his brother got along well during childhood. The brother became an Orthodox Jewish rabbi, married, fathered two children, but died in his mid-30s of a sudden cardiac event. CB was very close to his younger sister during childhood, and he and she were often believed to be twins. CB described her, however, as a "cold, narcissistic" adult. She married and gave birth to three children before she and her husband divorced. CB stays in contact with her, but the two are no longer close.

CB described himself as an obese child who was "always physically and emotionally immature." He said he was "uncoordinated," had little aptitude for sports, and was mildly dyslexic. He recalled playing with both boys and girls during his preschool and early elementary school years. From ages 8 through 9, his most regular playmate was a girl. As a child, he helped prepare and serve meals on religious holidays, which was not typical of other boys he knew. He enjoyed arts and crafts, and displayed better than average ability in these. He did not recall any other gender-atypical activities or interests during childhood, such as playing with dolls, taking female roles in make-believe play, or cross-dressing. His peers never called him "sissy," nor regarded him as effeminate. He could not recall any definite prepubertal infatuations or crushes, but he recalled thinking that the male romantic lead in a television situation comedy was "cool." He also recalled liking male superhero characters, such as Superman, Batman, and Robin, and thinking they were "cool." He grew up expecting to eventually marry a woman and have children. He denied experiencing any physical or sexual abuse as a child or adolescent.

When CB was about age 12, he became aware that other boys he knew were developing crushes on girls, but he experienced nothing like this. He organized a boy-girl party at about age 12, during which he and a girl engaged in kissing and light petting; he could not recall whether he experienced any sexual arousal in association with this.

When CB was age 13, his parents became concerned that he and his older brother were experiencing a late onset of puberty. CB was aware at that time that other boys his age had developed visible pubic hair, whereas he had none. His parents had CB and his brother evaluated by an endocrinologist. CB was told that his bone age, as measured by x-ray studies, was 10 years. Starting at age 13, CB was given testosterone injections in an attempt to induce puberty. These were administered three times a week, for a period of 3 months. CB did not know what dosage was given. Soon after the injections began, he started to gain weight. He developed facial swelling and what he described as gynecomastia, especially involving the left breast: "I looked like an overweight, fat girl." He became ashamed of his body and began to isolate himself from his peers.

About the same time, CB developed the first definite sexual feelings that he could recall. These were directed toward other boys, and involved "wanting to wear the body of the boys." He also began to experience nocturnal emissions, which were accompanied by images of "wearing the body" of other, more masculine-looking boys:

> Now I'm feeling sexual urges, which I never felt before in my life. Getting erections. But the erections and sexual urges were not for girls, they were toward the boys. Wanting to wear the body of the boys. Wanting to be like the boys. Wanting to be masculine like the boys. And I'm thinking, "Oh, my god! What the hell is going on with me? Am I gay? What is this? I don't know what's going on here." I'm supposed, I'm waiting to like girls, my body's turning feminine, I'm repulsed by my body, I'm repulsed by the feminine body, I want to be like the other boys. And when I think of being like the other boys, and I look at their bodies and want to wear their body, and be like them and look like them and hang like them, I'm getting an erection. And then I'm getting nocturnal emissions: I'm ejaculating semen, whenever I would dream of wanting to be like the other boys and wearing the body of the other, or admiring the body of another boy, or wishing I was masculine, or wishing I had a normal body.

By age 16, CB had become less obese, but he still had what he described as significant gynecomastia and he continued to feel ashamed of his body. His sexual interest continued to be directed toward the male body, although he felt no desire to engage in sexual activity with boys or men:

> I would look at a [man's] muscular body, I'd get an erection. I wanted to get, I wanted to have that body. I wanted to wear that body. I didn't want to kiss him, I

> didn't want to suck his penis,… I didn't want to have anal intercourse with this person, I just admired the body and wished I had the body like this person, and that seemed to cause a sexual response.

His most frequent sexual fantasies involved simply "hanging out with boys"—specifically, boys who had muscular, masculine bodies—and imagining that he was like them physically.

CB believed that he had been destined to become sexually oriented toward women, but that the testosterone injections he had received had somehow interfered with this. At age 21, while attending college, he began psychotherapy in an attempt to develop a heterosexual orientation. His therapist encouraged him to value his masculinity, to date women, and to engage in sexual activity with women. At age 22, a few days after a therapy session, CB went on a date with a woman and experienced what he described as genuine feelings of sexual attraction toward her. These feelings disappeared the next day, however. This was the first and only time he experienced sexual attraction toward a woman. Later during his college years, he underwent cosmetic surgery to remove excess adipose tissue from his breasts, abdomen, and hips. The operations left him with scars that he considered unattractive, and he remained self-conscious about his body. He graduated from college and went on to earn a doctoral degree in a clinical behavioral science.

A few years later, he traveled to the Masters and Johnson clinic in St. Louis, Missouri, for an evaluation. The clinicians there told him that he was "not gay." Nevertheless, he experienced only limited sexual arousal during his interactions with female sex surrogates at the clinic:

> When the girl would rub my chest and make me feel like I had a nice, masculine, macho body, then I would be able to get an erection. When I fantasized another masculine, macho body, wanting to wear that body, or focused on that body, then I was able to get stimulated. But I [was] not able to get stimulated by looking at the girl, or her genitals, or her breasts.

Only the idea of having an attractive, masculine body or being in the presence of masculine men who accepted him as one of themselves was sexually arousing to him. He began to visit gay bathhouses to engage in sex with men, although he found the idea of being in a gay relationship abhorrent. For a time, he lived in San Francisco and visited gay bars and bathhouses regularly. The gay men he met there generally regarded him as straight. Almost all of his friends were straight men, and he felt socially and emotionally disconnected from gay men.

CB estimated having had between three and five lifetime female sexual partners, in addition to the two female surrogates he interacted with at the Masters and Johnson clinic. He became sexually aroused by only one of these female partners, however, and only on a single occasion. Most of his nonsurrogate female partners were women he approached in the course of periodic, unsuccessful attempts to experience heterosexual arousal:

> I've tried it with women, it doesn't work. I've dated girls; I just dated this girl about a year ago. I just ended it,… because I wasn't responding to her sexually. [Sometimes girls will talk] to me, and I know they want to date me, and what's the point? I mean, I don't get sexually aroused.

He estimated having had between 50 and 100 lifetime male sexual partners, most of whom he met in gay bathhouses. He has never lived with, nor had a long-term relationship with, any of his sexual partners, nor has he experienced any desire to do so. He recalled experiencing some "infatuations" with men during his early 20s, but he was not sure whether he had genuinely fallen in love with any of these men. He has never fallen in love with a woman.

Currently, CB's usual sexual outlet is masturbation, at a frequency of once or twice per week. About once every 2 or 3 weeks, he will go to a gay bathhouse for sex. His visits to bathhouses are often unsatisfying: He is only interested in interacting with very muscular, attractive men, but these men often are not interested in him. Moreover, he does not want to touch his partners' genitals, and he has ambivalent feelings about partners touching his genitals, sometimes allowing this, sometimes avoiding it. He prefers to simply masturbate in his partners' presence, for example, with a partner lying next to him or holding him.

> When I go to gay bathhouses… I will walk around with a towel and I will have a full erection, looking at the well-built bodies. But when [we] go into a room, and they take off their towel, and I see their genitals, and they start with the kissing and the touching, and the anal, and—and I lose it. So, the sexual response is to wanting to encompass the macho body, the masculine body, to wear that body, to have that body—that gives me the erection, that gives me the arousal, that's the fantasy. The actual male genitals, the actual touching, kissing, the concept of being in a gay relationship, is repulsive to me.

His single most arousing sexual fantasy is that he possesses a muscular, attractive male body, that he is part a group of masculine straight men who accept him as one of themselves, and that he and they are masturbating together:

> What really turns me on is [the fantasy of] hanging out with macho straight guys with great bodies and I have a good body. I would be with three or four ripped, muscular, macho guys, and we would be all standing around in a circle, just kind of acting macho, and maybe

> masturbating together. We'd be masturbating ourselves. [They say, in effect:] "Hey, you're cool, you have a nice body, let's hang out. You are one of us."

Women never appear in his sexual fantasies. He reported no other unusual or paraphilic sexual interests or fantasies.

I asked CB about the seeming paradox that his most arousing sexual fantasy involved being in the presence of men who are masturbating, yet he is repulsed by the idea of mutual genital contact with men and sometimes is turned off even by seeing male genitals:

> AL: The image you chose, when I [asked about your most exciting fantasy], was all of you standing around in a circle, masturbating. There were genitals exposed.
> CB: Yeah.
> AL: You didn't say, "I'm standing around the locker room with the guys, and we've all got our jock straps on, and nobody's genitals are visible, but we're all really buff."
> CB: No. No, it would be macho, genitals, everybody masturbating, and being accepted.
> AL: But the presence of genitals is dicey, because it can be a big turn-on, but it can also be a big turn-off.
> CB: In most instances it's a big turn-off, and usually gross.
> AL: So, there's that tension: It's usually gross, but the most exciting fantasy you have involves it.
> CB: The most exciting fantasy I have is the body. If the genitals seem to be integrated with the body, then it doesn't turn me off. It allows me to continue the fantasy.
> AL: So, in that setting, the presence of visible genitals doesn't destroy the fantasy.
> CB: No, they don't destroy it.
> AL: But in most settings, the presence of visible genitals would destroy the fantasy.
> CB: Yes.
> AL: So it has to be very specific. It's potent, but it can be dicey.
> CB: Yeah. Exactly.

Part of the explanation of CB's ambivalent feelings about male genitals lies in the fact that his most exciting fantasy involves his validation as a straight man by other straight men:

> AL: [So your fantasy is] to have a beautiful male body, to be accepted by other men as a man, to have your masculinity validated.
> CB: Yeah. Yeah.
> AL: By gay men or by straight men?
> CB: Straight men, actually.
> AL: Ah. So, the real fantasy for you would be to be a straight man with a beautiful male body, among other straight, masculine men with beautiful male bodies.
> CB: Being among them, yeah, that's it. That's what turns me on.

Within a group of straight men, male genitalia are not ordinarily expected to be a focus of explicit sexual attention by other men, but are simply "integrated with the body." Too much explicit sexual attention to male genitalia apparently makes the scenario seem gay to CB, rather than straight; this destroys his fantasy or interferes with his arousal.

In this connection, it is notable that CB identifies as straight, even though he does not experience sexual arousal with women and the great majority of his sexual partners have been, and continue to be, men. The irony of this is not lost on him:

> AL: If you were to put a name to your sexual orientation, what would you call yourself?
> CB: Oh, my god (laughs). A dysfunctional straight man with a homosexual tendency.
> AL: So, you identify as a straight man?
> CB: Oh, absolutely.
> AL: There's a term of art, "men who have sex with men," used to describe men who don't identify as gay but who engage in sexual activity with other men.
> CB: We could say, "a man who has sex with men."

One reason CB does not identify as gay is that he does not observe in himself any of the gender-atypical characteristics (e.g., in speech, mannerisms, grooming, or interests) that he associates with gay men. CB does not believe that homosexuality is unnatural or undesirable per se, but he believes that it is unnatural and undesirable *for him*, whereas heterosexuality would be natural and desirable:

> The idea of being in a relationship with another male is insane to me, it's foreign to me. The idea of calling a male partner a "boyfriend" or "husband" is insane to me. What's natural in my thinking is to be married, to have sex with a woman, to have children. I've always wanted to do that, I was always waiting to do that.

CB reported that he had rarely, if ever, encountered overt prejudice against gay men in his family of origin. Indeed, he reported that, "My mother always said to me, 'If you're gay, I'll love you, I don't care what you are.'" He conceded, however, that there had been a strong familial expectation that he would someday marry a woman of a similar religious and ethnic background and have children with her.

Although CB's most arousing sexual fantasy is that he has a muscular, attractive male body, he has made only limited attempts to achieve such a body through physical training and conditioning. He found the results of these attempts disappointing, and the effort exhausting:

> I'd love to, but I'm too old, I'm not a very strong guy, and… I have [unfavorable] genetics. I try to work out, [but] it's really hard for me, I'm always hurting myself or always real tired. I'm a motivated person, I work out

> in the gym in the morning, I run, I've lost a lot of weight, but it's hard.

He also has scars that he considers unattractive, resulting from the breast reduction and lipectomy he underwent in his 20s. These scars might limit the quality of the results he believed he could achieve.

CB reported no history of serious illnesses or significant mental health problems. He has never taken psychotropic medications. He has no history of significant substance use or abuse. He is self-employed and lives alone. He has only a few close friends, almost all of whom are straight men. His hobbies include travel, enjoying good food, and watching television.

He presented as a pleasant, cooperative, well-groomed man who appeared to be his stated age. His stated height was 6 ft (183 cm) and his stated weight was 225 lbs (102 kg). He was alert and oriented, and he displayed varied and appropriate affect. His speech was clear, coherent, goal-directed, and of normal rate and rhythm. He displayed no abnormal movements. Nothing in his appearance, speech, or manner was noticeably gender-variant.

Discussion

The theory that erotic target location errors constitute an independent paraphilic dimension, as proposed by Freund and Blanchard (1993), predicts that androphilic men with anatomic autoandrophilia should exist, but such men have not previously been described unambiguously in the clinical literature. The demonstration that such men exist would provide further support for Freund and Blanchard's formulation. I contend that CB provides an example of male anatomic autoandrophilia, because (1) his underlying sexual orientation is androphilic, and (2) his androphilia takes the form of anatomic autoandrophilia.

What is the basis for concluding that CB's underlying sexual orientation is androphilic? Barbaree, Bogaert, and Seto (1995) proposed that an individual's

> sexual orientation is defined by (1) the ability of a certain class of stimuli to evoke sexual arousal and desire in the individual, (2) the persons or objects to which sexual behavior and activity are directed by the individual, and (3) the persons or objects depicted in sexual fantasies and cognitions. (p. 358)

Using these criteria, CB is evidently androphilic: Muscular, masculine male bodies evoke sexual arousal in CB, whereas female bodies do not. The overwhelming majority of his sexual partners have been men. His most arousing sexual fantasies involve men and the male body; women never appear in his sexual fantasies.

What is the basis for concluding that CB's androphilia takes the form of anatomic autoandrophilia? Dickey and Stephens (1995) defined autoandrophilia as "erotic arousal induced by the simple thought of being a male, apart from any fantasy of sexual interaction with another" (p. 440). This is precisely what CB experiences: His most arousing sexual fantasies involve his own body having the masculine characteristics that he finds most attractive, rather than engaging in sexual interaction (e.g., mutual genital contact) with a partner whose body has those characteristics. Indeed, CB avoids mutual genital touching with male partners, preferring to masturbate to fantasies about his own embodiment when in the presence of a partner. Because CB's autoandrophilic fantasies primarily involve his having particular anatomic features of the male body, they primarily reflect the anatomic variety of autoandrophilia. Elements of behavioral autoandrophilia, however, are also present in his fantasies, especially involving being in the company of masculine straight men and being accepted by them. Blanchard (1991) noted that the various forms of autogynephilia usually occur in combination, rather than in isolation, so it would not be surprising if this were also true of autoandrophilia.

Some persons display little sexual interest in other people; Blanchard (1989a) referred to such individuals as *anallo-erotic* (literally, "lacking sexual interest in others"). Blanchard (1992) demonstrated that, in autogynephilic men, autogynephilia appears to compete with gynephilia directed toward female partners, with the result that high-intensity autogynephilia is often associated with relative sexual disinterest in other people (analloeroticism). In autoandrophilic men, autoandrophilia might similarly compete with androphilia directed toward male partners. CB appears to be primarily analloerotic: He values male partners primarily as passive stimulants to autoandrophilic fantasy, not as active sexual co-participants. Presumably, he finds his autoandrophilic fantasies more intensely arousing than active sexual involvement with a male partner. This might explain, in part, why he enjoys masturbating in the presence of masculine men, but does not want to engage in mutual genital touching with them. Of course, CB's desire to think of himself as a straight man among other straight men in his fantasies probably also contributes significantly to his wish to avoid mutual genital contact with male partners.

I have been unable to find previous descriptions of unambiguous anatomic autoandrophilia in men, although a brief case report by Money (1986) represents one possible instance. Money theorized that paraphilias sometimes develop in "children who grow up stigmatized by a deformity that threatens their future eligibility as a romantic and

sexuoerotic partner" (p. 22). He described an adolescent boy who experienced

> the stigma of pubertal delay and short stature… a boy who at age 15-1/2 years was only 5 ft. (152 cm) tall, and just beginning to enter puberty. He was a fan of competitive wrestling and weight lifting on television. He identified with the contestants, and fantasized their physique and strength as his own. Watching their demonstration of power became, as he developed pubertally, a stimulus to sexuoerotic arousal. His penis responded with an erection. Thus, his lovemap incorporated a modified version of scoptophilia, or watching. (pp. 22–23)

Although this could represent an instance of anatomic autoandrophilia, Money's description is too brief to permit a definite conclusion: It is unclear whether the principal source of the patient's arousal was imagining himself to be like the men he admired or simply watching them, although Money implied the latter. It is also unclear whether Money's patient was definitely androphilic, although this is likewise implied. Interestingly, both Money's patient and CB experienced apparent pubertal delay and dissatisfaction with their male bodies. Money theorized that somatic dissatisfaction during puberty might be the cause of some types of paraphilias, but an alternative explanation would be that somatic dissatisfaction simply makes some types of paraphilias more likely to come to the attention of clinicians.

The absence of previous case reports of unambiguous anatomic autoandrophilia in men is probably attributable both to the subtlety of the phenomenon and the likelihood that it would rarely be symptomatic enough to come to clinical attention. Perhaps circumstances like those experienced by CB and by Money's (1986) patient, which create strong feelings of dissatisfaction with one's male body, are necessary to reveal this otherwise hard to detect and usually invisible condition. Consistent with this idea, most discussions of autoandrophilia in the literature (e.g., Chivers & Bailey, 2000; Dickey & Stephens, 1995) have concerned its possible existence in FtM transsexuals, in whom dissatisfaction with an insufficiently masculine body would predictably be intense. I hypothesize that anatomic autoandrophilia in men is most likely to become visible when congenital or acquired conditions, such as disorders of sex development or disfiguring accidents or illnesses, similarly create profound dissatisfaction with male embodiment.

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