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LETTER TO THE EDITOR

A Response to Bailey and Hsu (2022): It Helps If You Stop Confusing Gender Dysphoria and Transvestism

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It is important to start with some history in order to put the criticism of Bailey and Hsu's (2022) article in perspective. In the 1980s, Blanchard published a series of research articles that purported to explain why some individuals assigned male at birth (AMAB¹) and who report gender dysphoria are motivated to pursue gender transition from male to female. An essential component of this theory is the construct of autogynephilia, which is defined as "a natal male's paraphilic sexual arousal in response to the thought or fantasy of being a woman (Blanchard, 1989a, 1991)" (Bailey & Hsu, 2022). Blanchard's theory has had numerous proponents and critics, sometimes evoking spirited defenses of the theory, but at best there is a correlation (but not causation) of gender dysphoria and autogynephilia. Moser's (2010a) critique questioned how strong the correlation might be; the answer was, not very strong. In that paper, Moser reinterpreted the data from the pivotal studies used to establish Blanchard's theory of autogynephilia and found serious flaws in the original methods and interpretation of data. Data which did not fit the theory were explained away by assuming that respondents were mistaken or purposely misleading the researchers (see Blanchard, 1989a, 1989b; Blanchard et al., 1985; Lawrence, 2005), while the data which supported the theory were assumed to be accurate. These are questionable assumptions to make in any research.

One aspect of the construct of autogynephilia not studied by the theory's proponents, possibly until now, was the conjecture that women assigned female at birth (AFAB) are *not* autogynephilic. Independently, Veale et al. (2008) and Moser (2009) tried to test whether women AFAB were autogynephilic, and if so, another tenet of Blanchard's theory would not be supported. If both women AFAB and women AMAB can be autogynephilic, their existence challenges the

assumption that autogynephilia is a male trait and women AMAB are just generic men with an unusual sexual interest (Lawrence, 2013).

Bailey and Hsu's (2022) article is a bit odd. It attempts to refute two studies (Moser, 2009; Veale et al., 2008) published over a decade ago. These two articles were rarely cited or even discussed, at least until this paper, so it is surprising that Bailey and Hsu decided to focus on autogynephilia in women. Veale and Moser, among many others, have published extensively about the problems and inconsistencies with Blanchard's autogynephilia theory, but those issues, which are more central to the theory, have not been refuted. With all due respect to Bailey and Hsu, their article is another confused attempt to justify a theory that has fallen out of favor or maybe never was in favor. I will use this response as another opportunity to highlight the problems with and demonstrate some of the flaws inherent with the construct of autogynephilia as applied to gender dysphoria.

Gender Dysphoria is Not Erotic Cross-Dressing

There is a group of individuals who do report autogynephilia (or at least something like autogynephilia as Bailey and Hsu understand it) as a core of aspect of their erotic interests. These are "erotic cross-dressers" or individuals with "transvestism," who report persistent erotic arousal to the thought or fantasy of being a woman *when* cross-dressed. In general, individuals with transvestism or transvestic disorder do not meet the *DSM-5-TR* (American Psychiatric Association [APA], 2021) diagnostic criteria for gender dysphoria and do not pursue vaginoplasty, hormonal treatments,

¹ There is debate in the scientific, psychiatric, and among individuals with gender dysphoria on the correct and respectful way to discuss or refer to individuals whose current gender identity differs from the gender assigned at birth. At present there is no consensus, though some terms are known to be offensive. I have chosen to use AFAB/AMAB but realize that it can be awkward and offensive to some. Please accept my apologies in advance.

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antiandrogens, or identify as female at all times. Individuals with gender dysphoria and individuals with transvestic disorder are discussed in separate chapters in the *DSM-5-TR*.² It should also be noted that unlike the DSM, the *International Classification of Diseases*, 11th edition, published by the World Health Organization, both gender incongruence (dysphoria) and transvestic disorder are no longer classified as mental disorders.

Autogynephilia in Women?

People tend to fantasize about what they want but do not have; it would follow that an individual with a male body and a desire to be female might find fantasizing about having a female body arousing. After gender affirming surgery, those individuals AMAB would have female bodies and their reported autogynephilic arousal should decrease, which is exactly what Lawrence (2005) found.

Veale et al. (2008) and Moser (2009) independently decided to modify Blanchard's research scales, which purportedly measure autogynephilia in women AMAB for women AFAB. Veale et al. (2008) and Moser (2009) hypothesized that women AFAB may be aroused by imagining themselves as more desirable or with more desirable bodies. Both papers used different, modified versions of Blanchard's research scales, and both found significant autogynephilia among women AFAB. Bailey and Hsu (2022) compared the scores of women AFAB with "erotic cross-dressers" (not individuals who have transitioned from male to female) using the unmodified Core Autogynephilia Scale (Blanchard, 1989a). They found that women AFAB did not score as autogynephilic on this instrument. Bailey and Hsu's (2022) negative finding does little to support or refute the question of whether autogynephilia exists in women AFAB or not. To paraphrase Lawrence (2010), Bailey and Hsu (2022) studied something superficially resembling autogynephilia in women, but not how autogynephilia is expressed in women (also see Moser, 2010b). It appears that Bailey and Hsu (2022) may have confirmed the wisdom of modifying the scale for women AFAB.

The problems of confounding "erotic cross-dressers" with those seeking gender transition were noted previously and remain a major criticism of Blanchard's theory (see Moser, 2010a). It is not clear why Bailey and Hsu (2022) did not avoid repeating this problem or explained why they thought it was not important.

Confusing Gender Dysphoria with a Paraphilia

Bailey and Hsu (2022) also confound the concepts of paraphilia and gender dysphoria. Blanchard, in his role as chair of the Paraphilia section for the *DSM-5*, promulgated a new definition of a paraphilia, which is *not* a mental disorder. That is, a "...paraphilia denotes any intense and persistent sexual interest other than sexual interest in genital stimulation or preparatory fondling with phenotypically normal, physically mature, consenting human partners" (APA, 2013, p. 685; APA, 2021, p. 779). A paraphilic disorder, which is a mental disorder, is diagnosed when an individual has a paraphilia and also experiences distress or impairment related to their paraphilia. Among individuals AMAB with gender dysphoria, any distress or impairment they experience is related to their gender dysphoria, not their arousal from the fantasy of being a woman.

It also is not clear that autogynephilia even fulfills the criteria for the definition of a paraphilia, i.e., intense and persistent sexual interest. For individuals AMAB with gender dysphoria, autogynephilia does not appear to be intense. Only 49% of the individuals AMAB pursuing gender affirming surgery report autogynephilic arousal "hundreds of times or more" prior to surgery (Lawrence, 2005). Similarly, autogynephilia is not persistent. These individuals reported that their autogynephilic arousal "hundreds of times or more" drops to 3% after gender affirming surgery (Lawrence, 2005; see Moser, 2010a, for an in-depth discussion of these findings). Among men with transvestism, their intense and persistent sexual excitement in cross-dressing is often "replaced by feelings of comfort or well-being" (APA, 2021, p. 800). The sexual interest of individuals AMAB with gender dysphoria or transvestism is focused on the "genital stimulation or preparatory fondling with phenotypically normal, physically mature, consenting human partners" (APA, 2021, p. 779). Even if one would suggest that after gender affirming surgery that the individual is not phenotypically normal, it is the individual's desired partner, not the individual, who is phenotypically normal. Even if someone believes that an erotic interest in individuals with gender dysphoria is a type of paraphilia (I do not), it does not follow that the individuals with gender dysphoria necessarily have a paraphilia.

Individuals who report "erotic cross dressing" (transvestism) also do not fulfill the diagnostic criteria for a paraphilia, as these individuals also are focused erotically on phenotypically normal, physically mature, consenting human partners. Doctor and Prince (1997) found 83% of transvestites had been married, 60% were currently married at the time of their study. Lawrence (2005) found 62% of her sample were in a stable partnered relationship "at some time since undergoing SRS [sex reassignment surgery]" (p. 159).

² A few individuals with transvestic disorder do evolve into individuals with gender dysphoria or satisfy the diagnostic criteria for both diagnoses.

There are no data to support the alternative definition of a paraphilia, that autogynephilia for either individuals with gender dysphoria or transvestism is a “sexual interest greater than or equal to [their] nonparaphilic interests” (APA, 2021, p. 779). There are also no data to suggest that an individual’s interest in autogynephilia “equals or exceeds the individual’s interest in copulation or equivalent interaction with another person” (APA, 2021, p. 779).

To continue to argue that autogynephilia is a paraphilia suggests that Bailey and Hsu are not using the current understanding of the term. If they wish to argue that the new definition is misguided, they should at least note that they are aware of the changes and why they do not apply. There also is a distinction between autogynephilia in individuals with gender dysphoria (erotic arousal at the thought or fantasy of *being* a woman) and in individuals with transvestism (erotic arousal at the thought, fantasy, or behavior of *cross-dressing* as a woman). It appears that Blanchard’s various scales do not distinguish between these subtypes.

Discussion

So, what are the takeaway messages? Women AFAB did not respond as men AMAB with transvestism to an autogynephilia instrument. Women AFAB responded to an autogynephilia scale modified for women. Women AMAB with gender dysphoria may respond to something that is superficially like the autogynephilia seen in erotic cross-dressers. Women and men respond differently to instruments that measure their sexual interests, as one might expect.

The last point is that despite the protests of the proponents of Blanchard’s theory, autogynephilia does not explain the motivation of some individuals AMAB with gender dysphoria to transition. It has little or no use clinically. There are some individuals AMAB with gender dysphoria who embrace the theory, but like those who believe the earth is flat, they appear to be a shrinking minority. On the other hand, antipathy toward the construct of autogynephilia among individuals with gender dysphoria, professionals who support individuals with gender dysphoria, and academics appears to have grown. It seems autogynephilia is little more than a dead end in our understanding of gender dysphoria, what motivates individuals with gender dysphoria to transition, and what a paraphilia is.

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