



Autogynephilia in Women

Charles Moser PhD MD

To cite this article: Charles Moser PhD MD (2009) Autogynephilia in Women, Journal of Homosexuality, 56:5, 539-547, DOI: [10.1080/00918360903005212](https://doi.org/10.1080/00918360903005212)

To link to this article: <http://dx.doi.org/10.1080/00918360903005212>



Published online: 08 Jul 2009.



Submit your article to this journal [↗](#)



Article views: 2145



View related articles [↗](#)



Citing articles: 13 View citing articles [↗](#)

Autogynephilia in Women

CHARLES MOSER, PhD, MD

*Department of Sexual Medicine, Institute for Advanced Study of Human Sexuality,
San Francisco, California, USA*

Autogynephilia, an erotic interest in the thought or image of oneself as a woman, has been described as a sexual interest of some male-to-female transsexuals (MTFs); the term has not been applied to natal women. To test the possibility that natal women also experience autogynephilia, an Autogynephilia Scale for Women (ASW) was created from items used to categorize MTFs as autogynephilic in other studies. A questionnaire that included the ASW was distributed to a sample of 51 professional women employed at an urban hospital; 29 completed questionnaires were returned for analysis. By the common definition of ever having erotic arousal to the thought or image of oneself as a woman, 93% of the respondents would be classified as autogynephilic. Using a more rigorous definition of “frequent” arousal to multiple items, 28% would be classified as autogynephilic. The implications of these findings are discussed concerning the sexuality of women and the meaning of autogynephilia for MTFs.

KEYWORDS *autogynephilia, female sexuality, gender dysphoria, gender identity disorder, paraphilia, transsexual*

The term *autogynephilia*, defined as erotic interest in the thought or image of oneself as a woman, was coined by Blanchard (1989a, 2005) from its Greek roots, and associates the presence or absence of autogynephilia with the sexual orientation of male-to-female transsexuals (MTFs). Blanchard (2005) suggests that autogynephilia is absent in all *homosexual* MTFs (those who are primarily erotically attracted to other genetic males) and present in all

The author would like to thank Peggy J. Kleinplatz, PhD, for her very helpful editorial assistance and Walter Bockting, PhD, for his comments on an earlier version of the manuscript.

Address correspondence to Charles Moser, 45 Castro Street, #125, San Francisco, CA 94114. E-mail: Docx2@ix.netcom.com

nonhomosexual MTFs (those who are primarily attracted to genetic women, men and women, or not attracted to others). (The terms homosexual and nonhomosexual are used in this article as Blanchard has defined them; see Blanchard, 1989b). The theory and definitions suggest that this association is true of *all* MTFs, although Blanchard (2005) acknowledges the need for these statements to be confirmed by empirical studies. Autogynephilia is also present in at least some transvestites and gender dysphoric males who are not transsexual (Blanchard, 2005). Blanchard (1989a, 2005) states that autogynephilia does not exist in genetic females and suggests the analogous concept (erotic interest in the thought or image of oneself as a man, autoandrophilia) does not exist in female-to-male transsexuals.

The degree to which non-gender dysphoric individuals are sexually aroused by their own bodies has not been well studied. It has been reported that approximately 9% of women and 20% of men report at least a “little” sexual arousal by seeing themselves nude (Gebhard & Johnson, 1979, p. 470). In addition, “. . . many individuals find some additional stimulation in observing their own genitalia . . .” during masturbation (Kinsey, Pomeroy, & Martin, 1948, p. 511). It is not known if non-gender dysphoric individuals have sexual fantasies in which they have different body types (thinner, more muscular, clear skin, etc.).

Clinically, we know that some individuals report changes in their levels of sexual desire when their body types change (e.g., weight gain or loss). It is reasonable to assume that a more desirable body type may be an aspect of some sexual fantasies. If the thought or image of one’s body affects sexual arousal in some non-gender dysphoric individuals (male and female), then it would not be surprising that the thought or image of their “female” body similarly would affect sexual arousal in some MTF.

A sexual fantasy in which the individual has a different body (or the individual’s body functions differently) is distinct from a sexual fantasy where a different body type is a significant factor in the individual’s arousal. A man with erectile dysfunction may not be aroused sexually at thought or image of himself with an erection, but having a full long-lasting erection may be integral to his fantasies. A fantasy in which he is unable to obtain an erection may not be arousing sexually. Analogously, MTFs may picture themselves as women in their fantasies, but just fantasizing themselves as women may not be arousing sexually.

Autogynephilia only has been used to describe genetic men. Blanchard (2005) opines, though he notes again that the following statement needs to be confirmed by empirical studies, “Autogynephilia does not occur in women, that is, biological females are not sexually *aroused by the simple thought of possessing breasts or vulvas*” (p. 445; italics added). I can find no study where MTFs were asked if they were aroused by the simple thought of possessing breasts or vulvas. Although some MTFs probably are aroused by this “thought,” it is not clear how common or frequent this experience is.

Blanchard (1993b) studied whether individuals with autogynephilia were most aroused by imagining themselves as nude women, women in underwear, or clothed women. Nevertheless, it is not clear that the respondents interpreted the test question as only involving the specific image of themselves. Although conjectural, they may have interpreted the question as asking about which type of dress was most sexually exciting when engaging in other sexual acts.

Even if we assume that autogynephilic MTFs reported sexual arousal to the simple thought of possessing breasts or vulvas, one would think that autogynephilia in natal women would be expressed differently. Women already possess breasts and vulvas, and it seems reasonable to assume that individuals tend to fantasize about what they do not have. If we tend to fantasize about “things” we do not have, we would expect autogynephilic arousal would decrease after Sex Reassignment Surgery (SRS), as the postoperative MTFs now possess breasts and vulvas. This is precisely what Lawrence (2005) found when she studied MTFs pre- and post-SRS: Pre-SRS, 49% of her sample reported autogynephilic arousal “hundreds of times or more,” while post-SRS, this dropped to 3%. It is possible that after surgery, the respondents did not have time to have hundreds of autogynephilic episodes, but the number of individuals who reported never experiencing autogynephilic arousal increased from 14% before SRS to 56% after SRS. Comparison data concerning their interests in other sexual stimuli do not exist, though 69% reported at least one sex partner, 83% reported masturbating, and 62% reported a stable romantic or partnered relationship after SRS (Lawrence, 2005). Prior to SRS, some MTFs had erotic (autogynephilic) fantasies of themselves with breasts and vulvas. After SRS, we can speculate that, since they now have breasts and vulvas, “autogynephilic” fantasies were less common. It is possible that the postoperative MTFs who continue to have autogynephilic fantasies now focus on a different or more feminine ideal than their actual, postsurgical, body type.

If Lawrence’s (2005) participants were reporting this decrease in autogynephilic interests over time (prior to surgery) then SRS may not have been the factor that led to the diminished autogynephilic interests. Other possible explanations for the decrease in autogynephilic interests include a decrease in testosterone levels or aging.

The presence or absence of autogynephilia is considered clinically and etiologically important in MTFs. Blanchard (1993a) stated “Autogynephilia is clinically significant because it interferes with normal interpersonal sexual attraction and because it is associated with gender dysphoria” (p. 301). Additionally Blanchard (1991) suggested that “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” (p. 248).

The hypothesized absence of autogynephilia in women is seen as supporting Blanchard's theory that autogynephilia is an unusual sexual interest of men and that the desire for SRS is sexually motivated. If genetic women and MTFs both endorse the same statements and exhibit the same behaviors, then autogynephilia may not be an unusual sex interest of men, but a sex interest shared by both groups; it could be a characteristic of female sexuality. Thus, the presence or absence of autogynephilia in women is a significant finding in understanding the sexuality of both natal women and MTFs.

METHOD

Using the Cross-Gender Fetishism Scale (Blanchard, 1985) and items created for other studies (Blanchard, 1989b), an analogous Autogynephilia Scale for Women was created for this study (see Appendix A). An experimental item (#9) not derived from these scales was also included.

A convenience sample of female professional employees of an urban hospital was obtained. On two successive days in June, 2005, the questionnaire was distributed by the author, female staff members were approached in either the nurse's station or staff lounge on several different floors during either day or evening shifts (weekdays). Due to confidentiality concerns, professional designations were not recorded. Most of the respondents were probably registered nurses, but other staff members were also included.

The prospective respondents were asked to participate in a study concerning female erotic arousal. A packet of information (available from the author) explaining the project, confidentiality, participants' rights, two copies of the consent form, two stamped envelopes addressed to the author, and the survey instrument were given to potential subjects. If a prospective respondent chose to participate, she would sign one consent form and enclose it in one envelope, complete the survey and enclose that in the other envelope, keep the participants' rights form and one copy of the consent for her records, and mail the two envelopes. A total of 51 packets were distributed and 29 completed questionnaires and consent forms were received, giving a response rate of 57%. Due to the nature of the lounges and nursing stations, many individuals entered and left during the discussion of the project, so the exact number of individuals who heard the announcement of the study cannot be determined.

The vast majority of participants, 90% (26/29) self-defined their sexual orientation as "straight/heterosexual." No one self-defined as "gay/homosexual," 7% (2/29) self-defined as "bi/bisexual," and 3% (1/29) did not answer the question. Their age ranges were indicated as, 14% (4/29) 18–29 years, 36% (11/29) 30–39 years, 25% (7/29) 40–50 years, and 25% (7/29) were 50 years or older. All the subjects specifically identified as female. No other demographic data were obtained.

RESULTS

There were only two respondents (7%) who did not endorse any item, indicating that they were never sexually aroused by any of the situations described by the survey items. Almost 35% (10/29) of the respondents indicated that they responded “frequently” to at least one item, which included, 7% (2/29) who responded “frequently” to only one item and 28% (8/29) who responded “frequently” to multiple items (see Table 1). No one responded affirmatively only to or “frequently” to item nine, the experimental item. If we adopt Blanchard’s criteria of someone who has “ever” had erotic arousal, female autogynephilia was present in 93% of the respondents. Even if a more stringent standard is applied, more than one quarter of the respondents indicated they were “frequently” aroused to multiple items.

TABLE 1 Female Autogynephilia Scale (N=29)

	Never	On occasion	Frequently	No data ^a
I have been erotically aroused by contemplating myself in the nude.	9	15	2	3
I have been erotically aroused by contemplating myself wearing lingerie, underwear, or foundation garments (e.g., corsets).	10	16	2	1
I have been erotically aroused by contemplating myself fully clothed in sexy attire.	15	13	1	0
I have been erotically aroused by dressing in lingerie or sexy attire for a romantic evening or when hoping to meet a sex partner.	7	14	8	0
I have been erotically aroused by preparing (shaving my legs, applying make-up, etc.) for a romantic evening or when hoping to meet a sex partner.	10	12	5	2
I have dressed in lingerie, sexy attire or prepared myself (shaving my legs, applying make-up, etc.) before masturbating.	19	10	0	0
I have been erotically aroused by imagining myself with a “sexier” body.	14	13	1	1
I have been erotically aroused by imagining that others find me particularly sexy, attractive, or irresistible.	4	19	6	0
I have been erotically aroused by using specific articles of clothing, odors, or textures during masturbation.	16	13	0	0

Note. Raw data.

^aIncludes missing data, “don’t know,” and “never masturbated” as possible answers.

DISCUSSION

It appears that some natal women, as well as MTFs, endorse similar items on questionnaires designed to detect autogynephilia. One can conclude that natal women who report sexual arousal to the thought or image of themselves as women are autogynephilic. This admittedly small study contradicts Blanchard's statement that autogynephilia does not exist in women. Criticism that the questionnaire only inquired about a history of autogynephilic arousal and did not elicit the strength or current frequency of the arousal is appropriate, but the items were tailored after Blanchard's questions and thus his assessment methods can be criticized similarly. Whether the respondents and the MTFs experienced their "autogynephilia" years ago or still experience it was not noted by Blanchard in any of his studies and therefore was not investigated in this survey.

Episodes of erotic arousal to specific stimuli that occur over a short period of time and then cease probably constitute a different phenomenon from those that remain enduring sources of arousal for extended periods of time. There are men who explore their sexual interests with other men, but eventually abandon any further sexual activity with men. Kinsey et al. (1948) found 37% of men had at least some overt homosexual experience to orgasm, but only 25% of men had more than incidental homosexual experience or reactions. Therefore, at least 12% of their sample had only incidental homosexual experience. Lawrence (2005) notes in her MTF sample that pre-SRS 24% reported experiencing autogynephilic arousal only 1–12 times. Therefore, it is reasonable to conclude that for many "autogynephilic" MTFs, autogynephilia was a passing interest, possibly an experimental period that has little relationship to their current sexual interests.

Blanchard (1989b) has shown a correlation between a nonhomosexual sexual orientation and the presence of autogynephilia, but correlation does not imply causality. It is possible that autogynephilia among MTFs and natal women are different phenomena and the present inventories lack the sophistication to distinguish these differences.

Paraphilias are recurrent, intense sexual interests, which are also unusual and chronic (American Psychiatric Association [APA], 2000). It is not clear if autogynephilia would meet the diagnostic criteria for either a mental disorder or a paraphilia (see Moser & Kleinplatz, 2005a, 2005b). For many non-homosexual MTFs autogynephilia is not intense, recurrent, or chronic. It is also not clear if the concept of a paraphilia, itself, is a reliable or useful construct (see Moser, 2001, 2002; Moser & Kleinplatz, 2005a, 2005b).

The major proponents of the autogynephilia theory have all suggested that autogynephilia is a paraphilia (Bailey, 2003; Blanchard, 1991; Lawrence, 2004), although some of their writings suggest alternative conceptualizations. Blanchard (1993a) also conceived of it as an orientation, Freund and Blanchard (1993) suggested it was an erotic target location error, and

Lawrence (2007) felt it could be conceptualized as an expression of romantic love of the feminine self.

It is possible that some respondents in the present study (genetic women) were aroused by the possibility of or fantasy about a sexual encounter rather than the “autogynephilic” stimuli described. It is possible that some “autogynephilic” MTFs were aroused by the possibility of or fantasy about a sexual encounter as a female rather than “autogynephilic” stimuli.

The costs, risks, and sacrifice necessary for MTFs to transition to the other sex/gender, imply that the individual must be extremely motivated. Lawrence (2004) concludes that autogynephilia is a paraphilia and this conceptualization “. . . convincingly explains why some men who are attracted to women, who have been fairly successful as men, and who appear unremarkably masculine would wish to undergo sex reassignment” (p. 78). Paraphilias are considered to be rare in natal women; therefore, it is unlikely that the autogynephilia found in the present study represents a paraphilia in these women. If autogynephilia is not a paraphilia in natal women, then it may not represent a paraphilia in MTFs. If autogynephilia is not a paraphilia, then the motivation for SRS is not clear in MTFs, autogynephilic or not.

The present study does not support the contention that autogynephilic MTFs are manifesting a type of “male” sexuality or that autogynephilia is absent in natal women. The meaning of a sexual interest in one’s own body (or ideal body) is not understood for men, women, or transsexuals. Autogynephilia appears to be a different phenomenon from other paraphilias, in its frequency, intensity, and duration. Although it is possible that autogynephilia is manifested differently in men than women, Blanchard (2005) incorrectly predicts the response of women to autogynephilic stimuli.

REFERENCES

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., Text Rev.). Washington, DC: Author.
- Bailey, J. M. (2003). *The man who would be queen: The science of gender-bending and transsexualism*. Washington, DC: Joseph Henry Press.
- Blanchard, R. (1985). Research methods for the typological study of gender disorders in males. In B. W. Steiner (Ed.), *Gender dysphoria: Development, research, management* (pp. 227–257). New York: Plenum Press.
- Blanchard, R. (1989a). The classification and labeling of nonhomosexual gender dysphorias. *Archives of Sexual Behavior*, 18(4), 315–334.
- Blanchard, R. (1989b). The concept of autogynephilia and the typology of male gender dysphoria. *The Journal of Nervous and Mental Disease*, 177(10), 616–623.
- Blanchard, R. (1991). Clinical observations and systematic studies of autogynephilia. *Journal of Sex and Marital Therapy*, 17(4), 235–251.

- Blanchard, R. (1993a). Partial versus complete autogynephilia and gender dysphoria. *Journal of Sex & Marital Therapy, 19*(4), 301–307.
- Blanchard, R. (1993b). Varieties of autogynephilia and their relationship to gender dysphoria. *Archives of Sexual Behavior, 22*(3), 241–251.
- Blanchard, R. (2005). Early history of the concept of autogynephilia. *Archives of Sexual Behavior, 34*(4), 439–446.
- Freund, K., & Blanchard, R. (1993). Erotic target location errors in male gender dysphorics, paedophiles, and fetishists. *British Journal of Psychiatry, 162*, 558–563.
- Gebhard, P. H., & Johnson, A. B. (1979). *The Kinsey data: Marginal tabulations of the 1938–1963 interviews conducted by the Institute for Sex Research*. Philadelphia: W. B. Saunders Company.
- Kinsey, A., Pomeroy W., & Martin, C. (1948). *Sexual behavior in the human male*. Philadelphia: W. B. Saunders Company.
- Lawrence, A. A. (2004). Autogynephilia: A paraphilic model of gender identity disorder. *Journal of Gay & Lesbian Psychotherapy, 8*(1–2), 69–87.
- Lawrence, A. A. (2005). Sexuality before and after male-to-female sex reassignment surgery. *Archives of Sexual Behavior, 34*(2), 147–166.
- Lawrence, A. A. (2007). Becoming what we love. *Perspectives in Biology and Medicine, 50*(4), 506–20.
- Moser, C. (2001). Paraphilia: Another confused sexological concept. In: P. J. Kleinplatz (Ed.), *New directions in sex therapy: Innovations and alternatives* (pp. 91–108), Philadelphia: Brunner-Routledge
- Moser, C. (2002). Are any of the Paraphilias in the *DSM* mental disorders? *Archives of Sexual Behavior, 31*(6), 490–491.
- Moser, C., & Kleinplatz, P. J. (2005a). *DSM-IV-TR* and the Paraphilias: An argument for removal. *Journal of Psychology and Human Sexuality, 17*(3–4), 91–109.
- Moser, C., & Kleinplatz, P. J. (2005b). Does heterosexuality belong in the *DSM*? *Lesbian & Gay Psychology Review, 6*(3), 261–267.

APPENDIX A: AUTOGYNEPHILIA SCALE FOR WOMEN

Gender: ___ Male ___ Female ___ Transgender ___ Intersex
Age (in years): ___ 18-29 ___ 30-39 ___ 40-49 ___ 50 or older
Sex Orientation: ___ Gay/Homosexual
 ___ Straight/Heterosexual
 ___ Bi/Bisexual

The following questions relate to any period of your life, at present *or* in the past:

1. I have been erotically aroused by contemplating myself in the nude.
___ Never ___ On occasion ___ Frequently ___ Don't Know
2. I have been erotically aroused by contemplating myself wearing lingerie, underwear, or foundation garments (e.g., corsets).
___ Never ___ On occasion ___ Frequently ___ Don't Know

3. I have been erotically aroused by contemplating myself fully clothed in sexy attire.
 Never On occasion Frequently Don't Know
4. I have been erotically aroused by dressing in lingerie or sexy attire for a romantic evening or when hoping to meet a sex partner.
 Never On occasion Frequently Don't Know
5. I have been erotically aroused by preparing (shaving my legs, applying make-up, etc.) for a romantic evening or when hoping to meet a sex partner.
 Never On occasion Frequently Don't Know
6. I have dressed in lingerie, sexy attire or prepared myself (shaving my legs, applying make-up, etc.) before masturbating.
 Never On occasion Frequently Never Masturbated
7. I have been erotically aroused by imagining myself with a "sexier" body.
 Never On occasion Frequently Don't Know
8. I have been erotically aroused by imagining that others find me particularly sexy, attractive, or irresistible.
 Never On occasion Frequently Don't Know
9. I have been erotically aroused by using specific articles of clothing, odors, or textures during masturbation.
 Never On occasion Frequently Never Masturbated