

“Reconceptualizing
‘Autogynephilia’ as
Female/Feminine Embodiment
Fantasies”

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Reconceptualizing “Autogynephilia” as Female/Feminine Embodiment Fantasies

This chapter offers a brief summary of my research into, and current understanding of, the phenomenon formerly known as “autogynephilia.”

In early conversations that I participated in with other trans activists and advocates in 2008 (in the wake of the new *DSM-5* workgroup appointments), it seemed clear that one of the things working against us in our petitioning for “good” *DSM* revisions (or preventing “bad” revisions from happening) was the lack of peer-reviewed research articles supporting our case, as these are supposedly the only evidence that counts toward reshaping *DSM* diagnoses (although apparently you can avoid this requirement if you chair a *DSM* subworkgroup; see next chapter for details). For instance, while countless thoughtful and thorough critiques of Ray Blanchard’s theory of autogynephilia existed on the Internet, in trans-themed publications like *Transgender Tapestry*, and books like *Whipping Girl*, and Kelley Winters’s 2008 book *Gender Madness in American Psychiatry*,¹ none of them would officially be taken into consideration. In contrast, the dozen or so (largely redundant) Blanchard articles referencing “autogynephilia” that were published in sexology journals would be considered relevant and may even be referenced in the new *DSM*.

Recognizing this, I began to focus my efforts on writing a critical review about Blanchard’s theory of autogynephilia for a peer-reviewed journal. That article was eventually published in 2010 in *The International Journal of Transgenderism* under the title “The Case Against Autogynephilia”—for those interested, a draft of that paper can be downloaded from my website.² Unbeknownst to me at the time, Charles Moser was working on a similarly-themed paper, “Blanchard’s Autogynephilia Theory: A Critique,” which was also published in 2010.³ Both of our papers presented numerous lines of evidence that disprove

the main underpinnings of autogynephilia theory, namely, the assertions that trans female/feminine-spectrum people can be readily divided into two clear-cut categories based upon sexual orientation and the presence or absence of “autogynephilia,” and that “autogynephilia” is the primary underlying cause of gender dysphoria and desire to transition in trans women who experience it.

Where our papers differ is that, while Moser continues to use the term “autogynephilia” to refer to sexual fantasies and patterns of arousal in which the “thought or image of oneself as a woman” plays a contributing role, I instead argue that we should no longer use this term for the following reasons:

- There is a several-decades-long history in which “autogynephilia” has been described in the scientific/psychiatric literature as both a sexual orientation and a cause of gender dysphoria and transsexuality. Since neither appears to be the case, it would be misleading to continue using the term in this manner.
- There is a similarly long history of “autogynephilia” being described as a “male”-specific phenomenon and a paraphilia—these notions are interrelated, as (according to psychiatric dogma) paraphilias are extremely rare or nonexistent in women.⁴ However, recent studies have shown that many cisgender women (up to 93 percent) have experienced “erotic arousal to the thought or image of oneself as a woman.”⁵ Therefore, we should no longer use a term that is so closely associated with paraphilias and “erotic anomalies” (as Blanchard calls them) to describe what appears to be a relatively common (and non-pathological) form of sexual thought or fantasy experienced by many female/feminine-identified people.
- “Autogynephilia” (as defined in the scientific/psychiatric literature) conceptualizes trans women as “sexually deviant men,” and thus is unnecessarily stigmatizing and invalidating of trans identities. For this very reason, the concept of “autogynephilia” has been increasingly appropriated by lay people who forward anti-transgender ideologies and political agendas.⁶

For these reasons, in my review I argued that we should replace the misleading and stigmatizing label “autogynephilia” with the more comprehensive (and less pathologizing) term *Female/Feminine Embodiment Fantasies (FEFs)*.⁷

Here is the rationale for this nomenclature: I refer to them as “fantasies,” because that is what they are: a type of sexual/erotic thought or fantasy. It is

widely acknowledged (in both sexology and society) that sexual fantasies vary greatly in the population, and if two people just so happen to have a similar fantasy, it does not necessarily mean that they share the same underlying “condition” or are a similar “type” of person.⁸ (In contrast, Blanchard argued that there are two distinct types or categories of trans female/feminine people—“autogynephilic” and “androphilic”—distinguished by the presence or absence of the paraphilic condition “autogynephilia.”⁹) The word “embodiment” references the well-accepted notion in philosophy and cognitive studies that our thoughts, perceptions, and desires do not happen in a vacuum—they occur within, and are shaped by, our bodies. As I pointed out in *Whipping Girl*, most of our sexual fantasies involve (at least) two bodies: our own body, and the body of the person we are attracted to (for a more rigorous exploration of this, see Talia Bettcher’s excellent article “When Selves Have Sex”).¹⁰ In fantasies centered on sexual attraction, most of the attention or emphasis may be placed on our imagined partner’s body and behaviors, but our own bodies and behaviors are nevertheless often present (e.g., we may imagine them doing something to our body, or our body doing something to theirs). In “embodiment fantasies,” more (or perhaps in some cases, all) of the attention and emphasis is instead shifted toward our own (real or imagined) bodies and behaviors. Finally, the “female/feminine” in FEFs refers to the fact that aspects of our own (real or imagined) female body and/or feminine gender expression play a central erotic role in the fantasy (although other erotic components, such as our imagined partner, may also exist in the fantasy).

For similar reasons, I favor the term Male/Masculine Embodiment Fantasies (MEFs) over the psychopathologizing term “autoandrophilia.”¹¹ While MEFs do exist, they seem to be less common than FEFs. In Chapters 14 and 17 of *Whipping Girl*, and Chapter 30 of this book, I have laid out a compelling case that the relative prevalence of FEFs is foundationally rooted in, and typically viewed through the lens of, our cultural tendency to sexualize and objectify femaleness and femininity. This explains why many people (of diverse sexual orientations and anatomies) who are (or wish to be) female and/or feminine report having experienced such fantasies or erotic thoughts either occasionally or often. It also explains why male- and/or masculine-identified people—whose real or imagined bodies no doubt play some role in their sexual fantasies (e.g., they might imagine other people doing things *to* their penis and/or themselves doing things *with* their penis)—do not typically view their bodies as central to their fantasies, as we are all culturally conditioned to view

male/masculine bodies as the *subjects* (rather than the objects) of sexual desire.

In the aforementioned *Whipping Girl* chapters and in “The Case Against Autogynephilia,” I further argued that a few additional factors are likely to contribute to the observed trends in the prevalence and demographics of FEFs and MEFs. First, while neither of these phenomena is transgender-specific, they do seem to be more common (or commonly reported) in pre- and non-transition transgender-spectrum people. It makes perfect sense that someone who has not yet attained their imagined or identified sexed body, or who are unable to safely share their desired gender expression or presentation with the world, would focus more attention on those elements in their fantasies than people who can take those aspects of themselves for granted. Indeed, this would help to explain the well-documented dramatic decrease in intensity and frequency of FEFs reported by many trans women once they socially and physically transition.¹²

Second, one might expect that the intensity or frequency of FEFs would be more pronounced in individuals who are sexually attracted to femaleness/femininity more generally (e.g., in their partners); an analogous correlation might be expected between MEFs and attraction to maleness/masculinity in others. This would explain the increased levels of FEFs reported in lesbian and bisexual trans women compared to heterosexual trans women (as reported in many previous studies), and numerous lines of anecdotal evidence indicating that MEFs are not uncommon in gay trans men, and in female-assigned people who identify as “girlfags.”¹³ Similarly, numerous cis femme-identified queer women have told me (in informal conversations) that they regularly experience FEFs. While more formal investigations would be necessary to confirm this anecdotal evidence, the notion that attraction to femaleness/femininity and experiencing FEFs (or attraction to maleness/masculinity and experiencing MEFs) may be correlated to some degree seems reasonable and helps explain previously reported patterns of FEFs in trans female/feminine individuals.

Finally, in addition to our cultural tendency to sexualize femaleness/femininity, I argued that other aspects of traditional sexism (i.e., the assumption that femaleness/femininity is inferior to maleness/masculinity) may help create the correlations in transgender trajectories and sexualities that Blanchard’s theory attempted to explain. Throughout *Whipping Girl*, I describe how traditional sexism leads to *effemimania*, where feminine expressions in male-assigned children and adults receive far more scrutiny and derision than masculine expressions in female-assigned people. While the latter group remains

relatively free to openly express their masculine inclinations throughout their lives (whether they grow up to be tomboys, butches, or trans male/masculine individuals), the former group faces significant pressure to hide or repress any female/feminine inclinations they may have. Historically, this pressure has resulted in two diverging life paths for people on the trans female/feminine spectrum. Those who were unable to hide or repress their tendencies (e.g., children on the extreme feminine or cross-gender-identified side of the spectrum) came to identify with their femininity, viewing it as simply a natural part of their personality and/or an extension of a female gender identity. In contrast, those children who *were* able to repress such behaviors would come to initially identify as boys, and (as a result of traditional sexism) be embarrassed by any subsequent female/feminine tendencies they experienced. This explains why their initial gender explorations would likely involve a male (public)/female (private) dichotomy that is a hallmark of many crossdressers' identities. And given their initial male identity (and the privileges associated with it), any fascination or eroticization associated with said gender explorations (e.g., FEFs) would likely be fueled by the *mystification/exoticization of the Other*—a phenomenon documented at great length in the humanities and social studies. This repression-mystification hypothesis (which shares some similarities with Veale et al.'s identity-defense model of gender-variant development) provides a nonpathologizing explanation for the two "types" of trans women Blanchard describes, while also being consistent with current trends (e.g., lesbian- and bisexual-identified trans women transitioning significantly earlier in life without a "crossdresser phase") and more recent evidence that FEFs "may be a historically fading phenomenon."¹⁴ In other words, with increasing acceptance of transgender and gender non-conforming children, there is less pressure put on such individuals to repress their female/feminine inclinations, and thus less of a tendency for them to eroticize their own gender explorations later in life.

So that is a brief introduction to my multifactorial model to explain the phenomenon formerly known as "autogynephilia." This model allows for a variety of outcomes, as each of the previously described potential factors simply increases the likelihood of (but does not strictly determine) the presence of FEFs or MEFs within any given individual. Like all sexual fantasies, FEFs and MEFs are not a permanent condition—they may appear, disappear, reappear, intensify, de-intensify, evolve, or vary for unknown/inexplicable reasons. Unlike Blanchard's theory, the existence of FEFs and MEFs does not contradict or deny the known diversity in transgender identities, trajectories, and sexualities.

Notes

What follows is the Notes section for the entire “Part 3: Pathological Science Revisited” section of *Outspoken: A Decade of Transgender Activism and Trans Feminism*.

Notes specifically for Chapter 30, “Psychology, Sexualization, and Trans-Invalidations,” begin on page 302.

Notes specifically for Chapter 33, “Reconceptualizing ‘Autogynephilia’ as Female/Feminine Embodiment Fantasies,” begin on page 308.

Notes specifically for Chapter 34, “Trans People Are Still ‘Disordered’ in the *DSM-5*,” begin on page 310.

Full citations for some references may be found in the Notes for previous chapters (which is why I have included all the endnotes for Part 3).

Part 3: Pathological Science Revisited

1. Serano, *Whipping Girl*, 115–160.
2. Serano, *Whipping Girl*, 253–271 and 283–306.
3. Julia Serano, “A Matter of Perspective: A Transsexual Woman-Centric Critique of Dreger’s ‘Scholarly History’ of the Bailey Controversy,” *Archives of Sexual Behavior* 37, no. 3 (2008), 491–494. Dreger’s article and numerous peer commentaries are cited in Chapter 30, Notes 1, 4, and 6.
4. These critiques are compiled in Julia Serano, “Alice Dreger’s disingenuous campaign against transgender activism” (<http://juliaserano.blogspot.com/2015/04/alice-dreger-and-making-evidence-fit.html>).
5. Julia Serano, “Debunking Psychological Diagnoses and Theories about Transsexual and Transgender People” (<http://juliaserano.com/TSetiology.html>).
6. Sheryl Ubelacker, “CAMH to ‘wind down’ controversial gender identity clinic services,” *The Globe and Mail*, December 15, 2015 (<http://www.theglobeandmail.com/news/toronto/camh-to-wind-down-controversial-gender-identity-clinic-services/article27766580/>); “Support Affirmative Care for Trans and Gender Diverse Kids!,” (<http://www.ipetitions.com/petition/support-affirmative-care-for-trans-kids>). The backlash is described (and critiqued) in Casey Plett, “Zucker’s ‘Therapy’ Mourned Almost Exclusively By Cis People,” *Harlot*, April 11, 2016 (<http://harlot.media/articles/2582/zuckers-therapy-mourned-almost-exclusively-by-cis-people>).
7. Julia Serano, “Placing Ken Zucker’s clinic in historical context,” February 9, 2016 (<http://juliaserano.blogspot.com/2016/02/placing-ken-zuckers-clinic-in.html>).

30 – Psychology, Sexualization and Trans-Invalidations

1. For instance, Ray Blanchard—who has carried out research on trans people at Centre for Addiction and Mental Health (formerly the Clarke Institute of Psychiatry) for decades—when asked “Do you think that classifying transgender people as having a disorder does contribute to stigma against the trans community?” callously replied “No. I mean how many people who make a joke about trannies consult the *DSM* first?”; see Laura Cameron, “How the Psychiatrist Who Co-Wrote the Manual on Sex Talks About Sex,” *Motherboard*, April 11, 2013 (<http://motherboard.vice.com/blog/heres-how-the-guy-who-wrote-the-manual-on-sex-talks-about-sex>). In J. Michael Bailey. *The Man Who Would Be Queen: The Science of Gender-Bending and Transsexualism* (Washington D.C.: Joseph Henry Press, 2003), 158, Bailey seemingly admires his colleague’s contemptuous attitude when he says, “Blanchard is irreverent, cynical, and politically incorrect . . . He has little patience for arguments about whether research is good for people (such as ‘Are homosexual people hurt or harmed by research on the genetics of sexual orientation?’).” But the example that was fresh in my mind when writing this speech was Alice Dreger, “The Controversy Surrounding *The Man Who Would Be Queen*: A Case History of the Politics of Science, Identity, and Sex in the Internet Age,” *Archives of Sexual Behavior*, 37, no. 3 (2008), 366–421, in which she repeatedly played down and dismissed trans people’s legitimate concerns about Bailey’s book and its potential ramifications (as noted in most of the peer commentaries cited in Note 4).
2. The word “transgenderism” has a long history of being used as a neutral term to describe the phenomenon of transgender people and experiences, much like “transsexuality” or “transsexualism” is the phenomenon of transsexual people and experiences. However, some contemporary

trans activists have tried to claim that the term is derogatory, mostly due to how it has been misappropriated in recent years by trans-exclusive radical feminists (e.g., Sheila Jeffreys in her book *Gender Hurts*; see Chapter 35) to give the impression that it refers to an aberrant political ideology rather than the phenomenon of gender variance. This is but one of many examples of the Activist Language Merry-Go-Round phenomenon that I describe in the second half of Chapter 45. I discuss the history of the word “transgenderism,” and why I feel that we should not abandon it, in Julia Serano, “Regarding Trans* and Transgenderism” (<http://juliaserano.blogspot.com/2015/08/regarding-trans-and-transgenderism.html>).

3. Throughout this piece, I use the term “mainstream psychology” as an umbrella term to refer to those psychological, psychiatric, and sexological discourses on gender variance, transgenderism, and transsexuality that have dominated the medical/mental health literature or have been institutionalized in our society (e.g., via the gatekeeper system and the *DSM*) over the last half century. I chose the word “psychology” (rather than “psychiatry”) primarily because most of the theories and diagnoses that I critique here have been invented and/or forwarded by psychologists.

4. A few examples include: Walter O. Bockting, “Biological reductionism meets gender diversity in human sexuality,” *The Journal of Sex Research*, 42 (2005), 267–270; Madeline H. Wyndzen, “The world according to J. Michael Bailey inside ‘The Man who would be Queen: The Science of Gender Bending and Transsexualism,’” *All mixed up: A transgendered psychology professor’s perspective on life, the psychology of gender, & “gender identity disorder”* (http://GenderPsychology.org/autogynpehilia/j_michael_bailey); and peer commentaries from John Bancroft (426–428), Ben A. Barres (429), Talia Mae Bettcher (430–433), John H. Gagnon (444–447), Riki Lane (453–456), Charles Moser (472–475), Margaret Nichols (476–480), Julia Serano (491–494), and Elroi J. Windsor (495–497) in *Archives of Sexual Behavior* 37, no. 3 (2008).

5. Zak Szymanski, “DSM controversy could overshadow opportunities,” *Bay Area Reporter*, May 29, 2008 (<http://ebar.com/news/article.php?sec=news&article=3018>).

6. The quote is a reference to Anne Lawrence, “Shame and Narcissistic Rage in Autogynephilic Transsexualism,” *Archives of Sexual Behavior* 37, no. 3 (2008), 457–461, which is her peer commentary on Dreger’s article (cited in Note 1). Both Lawrence and Dreger depict trans people as engaging in an irrational, mass overreaction to mainstream psychology, although Lawrence’s article is admittedly significantly more psychopathologizing than Dreger’s.

7. The World Professional Association for Transgender Health (WPATH) Standards of Care (SOC) is a set of guidelines for trans health providers. While early versions of the SOC were rather horrific (see Serano, *Whipping Girl*, 116–126), recent revisions have incorporated changes suggested by the trans community—see Eli Coleman et al., “Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, Version 7,” *International Journal of Transgenderism* 13 (2011), 165–232.

8. American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR)* (Washington D.C.: American Psychiatric Association, 2000).

9. Alix Spiegel, “Two Families Grapple with Sons’ Gender Identity,” *National Public Radio (NPR)*, May 7, 2008 (<http://npr.org/2008/05/07/90247842/two-families-grapple-with-sons-gender-preferences>). Throughout this chapter, I will use the phrase “cross-gender-identified” in reference to people who identify as the gender other than the one they were assigned at birth.

10. Definition according to *Dictionary.com* (<http://dictionary.reference.com/browse/invalidate>).
11. Reviewed in Viviane K. Namaste, *Invisible lives: The erasure of transsexual and transgendered people* (Chicago: University of Chicago Press, 2000); Currah, P., Juang, R. M. and Minter, S. P. (eds.) *Transgender Rights* (Minneapolis: University of Minnesota Press, 2006); Serano, *Whipping Girl*.
12. Talia May Bettcher, "Appearance, Reality, and Gender Deception: Reflections on Transphobic Violence and the Politics of Pretence," in Felix Ó. Murchadha (ed.), *Violence, Victims, and Justifications* (Oxford: Peter Lang Press, 2006); Talia May Bettcher, "Understanding Transphobia: Authenticity and Sexual Abuse," in Krista Scott-Dixon (ed.), *Trans/Forming Feminisms: Transfeminist Voices Speak Out* (Toronto, Canada: Sumach Press, 2006); Talia May Bettcher, "Trans Identities and First Person Authority," in Laurie J. Shrage (ed.), *You've Changed: Sex Reassignment and Personal Identity* (Oxford: Oxford University Press, 2009).
13. Further discussion of the depiction of trans people as mentally incompetent can be found in Kelley Winters, *Gender Madness in American Psychiatry: Essays from the Struggle for Dignity* (Dillon, CO: GID Reform Advocates, 2008). Bettcher, "Trans Identities and First Person Authority" (see previous Note) offers an in depth philosophical analysis to explain why trans people are not typically viewed as having legitimate "first person authority" regarding gender identity. Serano, *Whipping Girl*, 161–193, provides a framework to challenge many of the foundational assumptions that enable such trans-invalidations.
14. Elizabeth Ewen and Stuart Ewen, *Typecasting: On the Arts and Sciences of Human Inequality* (New York: Seven Stories Press, 2006); Stephan Jay Gould, *The Mismeasure of Man* (New York: W.W. Norton and Company, 1996).
15. Mara Mayor, "Fears and Fantasies of Anti-Suffragists," *The Connecticut Review* 7 (1974), 64–74.
16. Winters, *Gender Madness in American Psychiatry*, 45–49. See also Madeline H. Wyndzen, "The banality of insensitivity: portrayals of transgenderism in psychopathology," *All mixed up: A transgendered psychology professor's perspective on life, the psychology of gender, & "gender identity disorder"* (http://GenderPsychology.org/psychology/mental_illness_model.html).
17. Winters, *Gender Madness in American Psychiatry*, 19–43.
18. Winters, *Gender Madness in American Psychiatry*, 71–78.
19. Winters, *Gender Madness in American Psychiatry*, 161–167.
20. Critiques of the gatekeeper system can be found in Anne Bolin, *In Search of Eve: Transsexual Rites of Passage* (South Hadley, MA: Bergin and Harvey, 1988), 48–68; Namaste, *Invisible Lives*, 157–234; Arlene Istar Lev, *Transgender Emergence: Therapeutic Guidelines for Working With Gender-Variant People and Their Families* (Binghamton: The Haworth Clinical Practice Press, 2004), 25–54; Jacob C. Hale, "Ethical Problems with the Mental Health Evaluation Standards of Care for Adult Gender Variant Prospective Patients," *Perspectives in Biology and Medicine* 50 (2007), 491–505; Serano, *Whipping Girl*, 115–160.
21. This is a reference to George W. Bush, who while president, once said: "But I'm the decider,

and I decide what is best.”

22. For other examples of trans women not being taken seriously by gatekeepers because they did not dress especially feminine, see Bolin, *In Search of Eve*, 107–108; Namaste, *Invisible Lives*, 163–164.

23. Paul McHugh is a psychiatrist who does not believe in sex-reassignment and who has become the “go to” authority and interviewee for those wishing to invalidate trans people—the specific quotes cited here are from Bailey, *The Man Who Would Be Queen*, 206; FoxNews.com, “Critics Slam Boston Doctor Who Offers Sex Change Treatment to Kids,” May 19, 2008 (<http://fox-news.com/story/0,2933,356592,00.html>). Dr. Phil is a psychologist and television host whose eponymous show ran an episode called “Gender-Confused Kids” on October 29, 2008 (<http://drphil.com/shows/show/1138>).

24. Spiegel, “Two Families Grapple with Sons’ Gender Identity.”

25. For a comprehensive list of references supporting this fact, see Serano, *Excluded*, 308, Note 4.

26. American Psychological Association Task Force on the Sexualization of Girls, *Report of the APA Task Force on the Sexualization of Girls* (Washington, DC: American Psychological Association, 2007), 2 (www.apa.org/pi/wpo/sexualization.html). Note: the American Psychological Association is different from the American Psychiatric Association (who publishes the *DSM*).

27. American Psychological Association Task Force on the Sexualization of Girls, *Report of the APA Task Force on the Sexualization of Girls*, 27–35.

28. American Psychological Association Task Force on the Sexualization of Girls, *Report of the APA Task Force on the Sexualization of Girls*, 31–32.

29. Serano, *Whipping Girl*, 134–138 and 253–271.

30. Meyerowitz, *How Sex Changed*, 168–170 and 196–207.

31. Meyerowitz, *How Sex Changed*, 197–198.

32. Meyerowitz, *How Sex Changed*, 168, 202.

33. Gore Vidal, *Myra Breckinridge* (Boston: Little, Brown & Company, 1968). For a description of the impact that *Myra Breckinridge* had on popular culture (and thus, popular assumptions about trans female/feminine people) see Meyerowitz, *How Sex Changed*, 203–206.

34. Vidal, *Myra Breckinridge*, 166–197.

35. Serano, *Whipping Girl*, 16, 134, 261–262.

36. This case is made in more detail in Serano, *Whipping Girl*, 35–52 and 253–271.

37. Meyerowitz, *How Sex Changed*, 206.

38. I describe my own personal experiences of this in Serano, *Whipping Girl*, 255–259. While

such experiences (which many other trans women have shared with me) are admittedly anecdotal, they are indirectly documented in the sexual harassment and abuse statistics cited in Note 39.

39. Recent reports have chronicled that up to 64 percent of transgender people have been the victims of sexual assault, and that 76 percent of transgender students had experienced sexual harassment, including unwanted sexual remarks or being touched inappropriately—see Grant et al., *Injustice at Every Turn*; Emily A. Greytak, Joseph G. Kosciw, and Elizabeth M. Diaz, *Harsh Realities: The Experiences of Transgender Youth in Our Nation's Schools* (New York: GLSEN, 2009). The phenomenon of “walking while transgender” (discussed in Chapter 24, Note 2) is also an example of the sexualization of trans women being linked with discrimination and harassment. The interconnectedness of sexualization, discrimination, and violence is further explored in Bettcher, “Understanding Transphobia: Authenticity and Sexual Abuse”; Talia Mae Bettcher, “Evil Deceivers and Make-Believers: On Transphobic Violence and the Politics of Illusion,” *Hypatia: A Journal of Feminist Philosophy* 22, no.3 (2007), 43–65.

40. Serano, *Whipping Girl*, 126–139 and 253–271; Lev, *Transgender Emergence*, 132–143.

41. Reviewed in Serano, *Whipping Girl*, 126–139. See also Bolin, *In Search of Eve*, 106–120; Namaste, *Invisible Lives*, 163–164 and 202–205.

42. American Psychiatric Association, *DSM-IV-TR*, 535. As I describe in the more recently written Chapter 34, this statement is no longer accurate for the *DSM-5*. For critiques of the *DSM*'s Paraphilia section, see Charles Moser, “Paraphilia: A Critique of a Confused Concept,” in Peggy J. Kleinplatz (ed.), *New Directions in Sex Therapy: Innovations and Alternatives* (Philadelphia: Brunner-Routledge, 2001), 91–108; Charles Moser and Peggy J. Kleinplatz, “*DSM-IV-TR* and the Paraphilias: An argument for removal,” *Journal of Psychology and Human Sexuality* 17, no. 3/4 (2005), 91–109.

43. American Psychiatric Association, *DSM-IV-TR*, 574–575. For critiques of the Transvestic Fetishism diagnosis, see Charles Moser and Peggy J. Kleinplatz, “Transvestic fetishism: Psychopathology or iatrogenic artifact?” *New Jersey Psychologist* 52, no. 2 (2002), 16–17; Serano, *Whipping Girl*, 127–129 and 263–265; Winters, *Gender Madness in American Psychiatry*, 33–43.

44. Kelley Winters, “Issues of Psychiatric Diagnosis of Cross-Dressers,” *GID Reform Advocates* (<http://web.archive.org/web/20090510090634/http://www.gidreform.org/tf3023.html>).

45. Gordene Olga MacKenzie, *Transgender Nation* (Bowling Green: Bowling Green State University Popular Press, 1994), 52–53, 88–89; Lev, *Transgender Emergence*, 141; Niklas Långström and Kenneth J. Zucker, “Transvestic fetishism in the general population: prevalence and correlates,” *Journal of Sex and Marital Therapy* 31 (2005), 87–95. See also Chapter 33, Note 11.

46. Robert J. Stoller, *Sex and Gender: On the Development of Masculinity and Femininity* (New York: Science House, 1968), 195. On the numerous occasions that I have shared this Stoller quote while giving talks on trans, queer, and/or feminist issues, it consistently evokes uproarious audience laughter. I point this out to show the huge disparity between what is taken for granted within mainstream psychology (e.g., that men's clothing has no erotic value, or that female-assigned people cannot possibly experience any bona fide arousal via crossdressing) and what real people outside of the psychological establishment actually experience in real life.

47. Serano, *Whipping Girl*, 283–306.

48. Ray Blanchard, “The Classification and Labeling of Nonhomosexual Gender Dysphorias,” *Archives of Sexual Behavior* 18, no. 4 (1989), 315–334; Ray Blanchard, “The Concept of Autogynephilia and the Typology of Male Gender Dysphoria,” *The Journal of Nervous and Mental Disease* 177, no. 10 (1989), 616–623;

49. For example, Bailey, *The Man Who Would Be Queen*, 146.

50. These and many other facts and findings that together disprove Blanchard’s autogynephilia theory are reviewed in Julia Serano, “The Case Against Autogynephilia,” *International Journal of Transgenderism* 12, no. 3 (2010), 176–187; Charles Moser, “Blanchard’s Autogynephilia Theory: A Critique,” *Journal of Homosexuality* 57, no. 6 (2010), 790–809; Julia Serano, “The real ‘autogynephilia deniers,’” July 13, 2015 (<http://juliaserano.blogspot.com/2015/07/the-real-autogynephilia-deniers.html>).

51. American Psychological Association Task Force on the Sexualization of Girls, *Report of the APA Task Force on the Sexualization of Girls*, 27–35.

52. Lynda Lytle Holmstrom and Ann Wolbert Burgess, *The Victim of Rape: Institutional Reactions* (New Brunswick: Transaction Books, 1983), 171–188. While somewhat tangential, it is worth noting that Bettcher (in “Trans Identities and First Person Authority”) points out that the denial of first person authority plays a central role in both rape and in trans-invalidations. In the first case, a rapist will dismiss the fact that the woman explicitly said “no” to his sexual advances, and instead privilege his own interpretation of her (e.g., arguing that she must have really meant “yes” because of what she was wearing, or supposedly communicating with her body language). Similarly, a trans-invalidator will ignore what a trans woman (or man) says about her own gender identity and experiences in favor of their own interpretation of her gender.

53. “Forced” or “rape” fantasies are fairly common in women. Anywhere between 31 to 57 percent of women report having them—reviewed in Joseph W. Critelli and Jenny M. Bivona, “Women’s erotic rape fantasies: an evaluation of theory and research,” *The Journal of Sex Research* 45 (2008), 57–70. The term “autoraptophilia” does not exist in the psychological or sexological literature—I invented it for the sole purpose of demonstrating how invalidating and potentially damaging it can be to define people based upon their sexual fantasies, especially if the population in question is already routinely sexualized in the culture at large.

54. Ray Blanchard, “*DSM-V* Paraphilia Options: General Diagnostic Issues, Pedohebephilic Disorder, and Transvestic Disorder,” a paper presented at the Annual Meeting of the Society for Sex Therapy and Research on April 3, 2009, at Arlington, Virginia (http://individual.utoronto.ca/ray_blanchard/index_files/SSTAR_2009_Talk_on_DSM.html). Unbeknownst to me at the time, this proposed diagnosis would undergo numerous subsequent revisions—see Chapter 34 for specifics.

55. Blanchard, “*DSM-V* Paraphilia Options.” I discuss this definition (and the many problems with it) in more depth in Chapter 34.

56. Paraphilize (transitive verb): to deem a person’s autonomous or consensual sexual desires, urges, and/or orientations to be abnormal, unhealthy, or psychopathological.

57. For example, see Ray Blanchard, “Typology of male-to-female transsexualism,” *Archives of Sexual Behavior* 14 (1985), 247–261.

58. Bailey, *The Man Who Would Be Queen*. Bailey's hypersexualization of trans women is mostly found on pp. 141–212. The “especially well-suited to prostitution” quote can be found on p. 185. Most of the trans-women-as-pathological-liars depictions can be found on pp. 157–176.

59. Discussed more in depth in Winters, *Gender Madness in American Psychiatry*, 107–116.

31 - Stop Sexualizing Us!

1. *Jerry Springer* and *There's Something About Miriam* were television series that portrayed trans women in a sensationalistic and sexualizing manner (described in Serano, *Whipping Girl*, 37–38), and *Myra Breckinridge* was discussed in the previous chapter.

2. This quote is found in Moser and Kleinplatz, “Transvestic fetishism: Psychopathology or iatrogenic artifact?”

3. He does this in Ray Blanchard and Peter I. Collins, “Men with sexual interest in transvestites, transsexuals, and she-males,” *Journal of Nervous and Mental Disease* 181 (1993), 570–575, wherein he coined the term “gynandromorphophilia” to describe the supposed paraphilia of being sexual attracted to trans female/feminine-spectrum people. It is also implied in Blanchard's broadening of definition for “paraphilia” for the *DSM-5* (mentioned in the last chapter and discussed in more depth in Chapter 34), as it is clear that he does not consider trans people as “phenotypically normal.”

33 - Reconceptualizing “Autogynephilia” as Female/Feminine Embodiment Fantasies

1. Serano, *Whipping Girl*, 126–139 and 253–271; Winters, *Gender Madness in American Psychiatry*, 117–140.

2. Serano, “The Case Against Autogynephilia”—full citation in Chapter 30, Note 50; available for download at <http://juliaserano.com/av/Serano-CaseAgainstAutogynephilia.pdf>.

3. Moser, “Blanchard's Autogynephilia Theory: A Critique”—full citation in Chapter 30, Note 50 (available for download at www.tandfonline.com/doi/pdf/10.1080/00918369.2010.486241).

4. American Psychiatric Association, *DSM-IV-TR*, 568. While the accuracy of this claim is debatable, the crucial point here is that this notion (that paraphilias are male-specific) is what allowed Blanchard to portray “autogynephilia” as a paraphilia in the first place: In his 1989 paper in which he first introduces the concept (Blanchard, “The Classification and Labeling of Nonhomosexual Gender Dysphorias”), Blanchard considers the presence of “autogynephilia” in many trans women, and the supposed lack of its counterpart in trans men, to be evidence that it must be a paraphilic impulse (under his presumption that trans women are “men” and trans men are “women”). In stark contrast, recent findings (see Note 5) indicate that what Blanchard calls “autogynephilia” is likely to be a more general sexual phenomenon associated with female/feminine-identified people (both cis and trans), rather than being a trans-specific paraphilia.

5. Charles Moser, “Autogynephilia in Women,” *Journal of Homosexuality* 56, no. 5 (2009), 539–547. See also Jaimie F. Veale, Dave E. Clarke, and Terri C. Lomax, “Sexuality of male-to-female transsexuals,” *Archives of Sexual Behavior* 37 (2008), 586–597; Noah Berlatsky, “Why Are Trans Women Penalized For Body Fantasies Everyone Has?,” *The Establishment*, May 16, 2016 (<http://www.theestablishment.co/2016/05/16/why-are-trans-women-penalized-for-body-fantasies->

we-all-have).

6. Numerous examples of this are compiled in Julia Serano, “The real ‘autogynephilia deniers’.”

7. Serano, “The Case Against Autogynephilia.”

8. Harold Leitenberg and Kris Henning, “Sexual fantasy,” *Psychological Bulletin* 117 (1995), 469–496; Emily Dubberley, *Garden of Desires: The Evolution of Women’s Sexual Fantasies* (London, UK: Black Lace, 2013). See also Berlatsky, “Why Are Trans Women Penalized For Body Fantasies Everyone Has?”

9. Blanchard’s taxonomic view of trans female/feminine people (centered on the presence or absence of “autogynephilia”) is reviewed and debunked in Serano, “The Case Against Autogynephilia”; Moser, “Blanchard’s Autogynephilia Theory: A Critique”; Jaimie F. Veale, “Evidence Against a Typology: A Taxometric Analysis of the Sexuality of Male-to-Female Transsexuals,” *Archives of Sexual Behavior* 43, no. 6 (2014), 1177–1186.

10. Serano, *Whipping Girl*, 268–269; Talia Bettcher, “When Selves Have Sex: What the Phenomenology of Trans Sexuality Can Teach About Sexual Orientation,” *Journal of Homosexuality* 61, no. 5 (2014), 605–620 (<https://learningtrans.files.wordpress.com/2013/12/whenselves.pdf>).

11. “Autoandrophilia” seems to have first appeared in the sexological literature in a singular case study of a cisgender gay man; see Anne A. Lawrence, “Anatomic autoandrophilia in an adult male,” *Archives of Sexual Behavior* 38, no. 6 (2009), 1050–1056. For less pathologizing examples, see Tracie O’Keefe, “Autogynephilia and Autoandrophilia in Non-Sex and Gender Dysphoric Persons,” Paper presented at the World Association for Sexual Health conference, Sydney, April, 2007 (<http://tracieokeefe.com/autogynephilia-and-autoandrophilia-in-non-sex-and-gender-dysphoric-persons>); Jack Molay, “Autoandrophilia, on women who fantasise about having a man’s body,” *Crossdreamers*, February 13, 2010 (<http://crossdreamers.com/2010/02/autoandrophilia-on-women-who-fantasise.html>).

12. See Serano, “The Case Against Autogynephilia,” and references therein.

13. For evidence of MEFs in gay trans men, see the Discussion section of Matthias K. Auer, Johannes Fuss, Nina Höhne, Günter K. Stalla, Caroline Sievers, “Transgender Transitioning and Change of Self-Reported Sexual Orientation,” *PLOS ONE* 9, no. 10 (2014), e110016. “Girlfag” is a term (mostly used in online communities) to describe androphilic (i.e., attracted to men) female-assigned individuals who identify with gay men, gay male culture, and/or fantasize about being gay men having sex with other men—e.g., see Ili, “I am something that does not exist! (On queer schwulwomen, girlfags and guydykes),” *Crossdreamers*, September 1, 2014 (<http://crossdreamers.com/2014/09/i-am-something-that-does-not-exist-on.html>), and other posts listed in Jack Molay, “A Reader’s Guide to the Crossdreaming and Autogynephilia Blog,” January 1, 2008 (<http://crossdreamers.com/2008/01/readers-guide-to-confessions-of.html>).

14. The “repression-mystification” hypothesis I describe here was first forwarded (in much greater detail) in Serano, *Whipping Girl*, 283–306. The “identity-defense” model is described in Jaimie F. Veale, Terri C. Lomax, and Dave E. Clarke, “Identity-defense model of gender-variant development,” *International Journal of Transgenderism* 12, no. 3 (2010), 125–138. While these models vary in certain respects, they both posit that the two “types” or “classes” of trans female/feminine-spectrum people frequently cited in the psychiatric/sexological literature represent dif-

ferent reactions or defense mechanisms in response to societal transphobia/trans-misogyny. The “current trend” I mention here is a personal observation based on informal conversations that I’ve shared with numerous young (typically college-aged) queer-identified trans women. The claim (and supporting data) that FEFs (more specifically, in the form of transvestic fetishism) “may be a historically fading phenomenon” is from Larry Nuttbrock, Walter Bockting, Mona Mason, Sel Hwahng, Andrew Rosenblum, Monica Macri, and Jeffrey Becker, “A further assessment of Blanchard’s typology of homosexual versus non-homosexual or autogynephilic gender dysphoria,” *Archives of Sexual Behavior* 40, no. 2 (2011), 247-257.

34 – Trans People Are Still “Disordered” in the DSM-5

1. The original 2012 blog posts are Julia Serano, “Trans people still ‘disordered’ according to latest *DSM*” (<http://juliaserano.blogspot.com/2012/12/trans-people-still-disordered-according.html>) and Julia Serano, “Follow up on *DSM*-still-considers-trans-folks-‘disordered’ post” (<http://juliaserano.blogspot.com/2012/12/follow-up-on-dsm-still-considers-trans.html>). This piece also draws from my 2009 piece: Julia Serano, “Why feminists should be concerned with the impending revision of the *DSM*,” (<http://juliaserano.com/TSetiology.html#FeministingParaphilias>).

2. Julia Serano, “Trans People Still Disordered in *DSM*,” *Social Text*, DSM-CRIP issue (http://socialtextjournal.org/periscope_article/trans-people-still-disordered-in-dsm).

3. Twitter is a social media platform that allows people to share short messages (which are referred to as “tweets”). As I searched the Internet for such articles, I found that most of them were quite short, used similar language, offered no critical analysis, nor included comments from any trans activists or advocates who had been critical of the *DSM-5* revision process. It seems to me that the most likely scenario is that the American Psychiatric Association (who publishes the *DSM*) probably sent out some kind of press release touting their supposed “trans-friendliness,” and that several news outlets simply passed the misinformation along as “news” to their readers.

4. Kelley Winters, “Third Swing: My Comments to the APA for a Less Harmful Gender Dysphoria Category in the *DSM-5*” (<http://gidreform.wordpress.com/2012/06/19/third-swing-my-comments-to-the-apa-for-a-less-harmful-gender-dysphoria-category-in-the-dsm-5>). The diagnosis itself can be found in the “Gender Dysphoria” section of American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)* (Washington D.C.: American Psychiatric Association, 2013).

5. Serano, “Placing Ken Zucker’s clinic in historical context” (and references therein); Winters, *Gender Madness in American Psychiatry*.

6. The definition that appears in the text is from the “Paraphilic Disorders” section of American Psychiatric Association, *DSM-5*. It is identical to the one Blanchard proposed in 2009 (see Blanchard, “*DSM-V* Paraphilia Options”; full citation in Chapter 30, Note 54) with the exception that the phrase “physically mature” has replaced the word “adult.” The vast array of problems with this definition are dissected in Andrew C. Hinderliter, “Defining Paraphilia in *DSM-5*: Do Not Disregard Grammar,” *Journal of Sex and Marital Therapy* 37, no. 1 (2011), 17–31; see also Charles Moser, “Yet another paraphilia definition fails,” *Archives of Sexual Behavior* 40 (2011), 483–485.

7. In Blanchard, “*DSM-V* Paraphilia Options,” he explicitly describes sexual attraction to “amputees, paralyzed persons, physical deformities” as paraphilic, and in Blanchard and Collins, “Men with sexual interest in transvestites, transsexuals, and she-males,” he described attraction to trans

female/feminine individuals as a paraphilia that he named “gynandromorphophilia.” Blanchard is also a co-author on a paper that argues that people who have a sexual interest in individuals outside of the age range of seventeen to forty-five are paraphilic (see Hinderliter, “Defining paraphilia in *DSM-5*: do not disregard grammar”). See Chapters 42 and 43 for my argument against conceptualizing such forms of attraction as “paraphilias.”

8. Blanchard, “*DSM-V* Paraphilia Options.” While this specific language does not appear in the final *DSM-5*, the sentiment clearly remains—see Note 9.

9. The *DSM-5* explicitly lists “interests in spanking, whipping, cutting, binding,” and “telephone scatologia (obscene phone calls)” as examples of paraphilias, and the Fetishistic Disorder diagnosis additionally includes “recurrent and intense sexual arousal” in response to various articles of clothing or footwear, or “a highly specific focus on nongenital body part(s)” (see “Paraphilic Disorders” section of American Psychiatric Association, *DSM-5*). Hinderliter, “Defining paraphilia in *DSM-5*: do not disregard grammar,” discusses how the *DSM-5* paraphilia definition could be interpreted to deem masturbation, orgasming without genital stimulation, watching pornography, reading erotica, and sexual role play as paraphilic as well.

10. Cameron, “How the Psychiatrist Who Co-Wrote the Manual on Sex Talks About Sex” (full citation in Chapter 30, Note 1).

11. “Paraphilic Disorders” section of American Psychiatric Association, *DSM-5*.

12. Charles Moser, “Problems with Ascertainment,” *Archives of Sexual Behavior* 39 (2010), 1225–1227; Patrick Singy, “What’s Wrong With Sex?” *Archives of Sexual Behavior* 40 (2011), 483–485. Both these authors point out that this sort of false distinction is precisely why the diagnosis “Ego-dystonic Homosexuality” was removed from previous *DSM* revisions. Hinderliter, “Defining paraphilia in *DSM-5*: do not disregard grammar,” additionally points out that the term “paraphilia” has a several-decade-long history in the psychiatric literature (including previous *DSM* revisions) to refer to a set of diagnosable mental disorders, and thus is entirely unsuitable as a label to describe nonpathological behaviors.

13. Charles Moser and Peggy J. Kleinplatz, “*DSM-IV-TR* and the Paraphilias: An argument for removal,” *Journal of Psychology and Human Sexuality* 17, no. 3/4 (2005), 91–109.

14. Charles Moser and Peggy J. Kleinplatz, “Transvestic fetishism: Psychopathology or iatrogenic artifact?” *New Jersey Psychologist* 52, no. 2 (2002). “The immediate or ultimate result of the paraphilia” is language that appears in the “Paraphilic Disorders” section of American Psychiatric Association, *DSM-5*.

15. Marty Klein and Charles Moser, “SM (Sadomasochistic) Interests as an Issue in a Child Custody Proceeding,” *Journal of Homosexuality* 50 (2006), 233–242; Peggy J. Kleinplatz and Charles Moser, “Towards clinical guidelines for working with BDSM clients,” *Contemporary Sexuality* 38, no. 6 (2004), 1, 4; Keely Kolmes Wendy Stock, and Charles Moser, “Investigating Bias in Psychotherapy with BDSM Clients,” *Journal of Homosexuality* 50 (2006), 301–324; Charles Moser, “A Different Perspective,” *Archives of Sexual Behavior* 37 (2008), 366–421; Serano, “The real ‘autogynephilia deniers’.”

16. The Blanchard quote is from Cameron, “How the Psychiatrist Who Co-Wrote the Manual on Sex Talks About Sex,” and numerous examples of people citing *DSM* diagnoses (e.g., GID)

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as justification for discriminating against trans people can be found in Winters, *Gender Madness in American Psychiatry*, 71–78.

17. Ray Blanchard, “The DSM Diagnostic Criteria for Transvestic Fetishism,” *Archives of Sexual Behavior* 39 (2010), 363–372.

18. Luk Gijs and Richard A. Carroll, “Should Transvestic Fetishism be classified in *DSM 5*? Recommendations from the WPATH Consensus Process for Revision of the Diagnosis of Transvestic Fetishism,” *International Journal of Transgenderism* 12 (2010), 189–195.

19. Between April 2010 and June 2011, there were at least three different proposed versions of “Transvestic Disorder”—these are all listed in Gail Knudson, Griet De Cuypere, and Walter Bockting, “Second Response of the World Professional Association for Transgender Health to the Proposed Revision of the Diagnosis of Transvestic Disorder for *DSM 5*,” *International Journal of Transgenderism* 13, no. 1 (2011), 9–12. The final diagnosis differs somewhat from all of these, and can be found in the “Paraphilic Disorders” section of American Psychiatric Association, *DSM-5*.

20. Many trans activists and advocates working to eliminate this diagnosis from the *DSM* (including myself—see Serano, *Whipping Girl*, 127–128) often pointed out that the diagnosis was sexist in that it singled out “heterosexual men” (whereas people of other genders and sexual orientations were presumably free to crossdress without the stigma of pathology). Our purpose in doing so was to point out the ludicrousness inherent in the diagnosis, in the hopes that it would ultimately be removed. Frankly, it never occurred to me (although perhaps it should have) that Blanchard might use these accusations of sexism as an excuse to expand it to include even more people (he essentially admits to this in the article cited in Note 22).

21. For more on “autoandrophilia,” see Chapter 33, Note 11.

22. Cameron, “How the Psychiatrist Who Co-Wrote the Manual on Sex Talks About Sex.”

23. WPATH also opposed both the specifiers “in remission” and “in a controlled environment” (not discussed here) on the grounds that they “exclude the possibility of an ‘exit clause.’”—see Knudson, De Cuypere, and Bockting, “Second Response of the World Professional Association for Transgender Health to the Proposed Revision of the Diagnosis of Transvestic Disorder for *DSM 5*.” In the final *DSM-5*, the specifier is listed as “In full remission” and requires one to experience “no distress or impairment in social, occupational, or other areas of functioning for at least 5 years,” which seems to imply that someone who has not experienced those issues for four years still qualifies for the full diagnosis sans specifier.

24. See for example Luke Brinker and Carlos Maza, “15 Experts Debunk Right-Wing Transgender Bathroom Myth,” *Media Matters for America*, March 20, 2014 (<http://mediamatters.org/research/2014/03/20/15-experts-debunk-right-wing-transgender-bathro/198533>); Serano, “The real ‘autogynephilia deniers.’”

35 – An Open Letter to The New Yorker

1. Julia Serano, “Op-ed: An Open Letter to The New Yorker,” *Advocate.com*, August 5, 2014 (<http://advocate.com/commentary/2014/08/05/op-ed-open-letter-new-yorker>).

2. Michelle Goldberg, “What Is a Woman? The dispute between radical feminism and trans-