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## POLITICS

# This Largely Unknown Psychological Phenomenon May Be Driving Men To Become Trans, Experts Say



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LAUREL DUGGAN

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- **Most male-to-female transgender cases are driven by autogynephilia, a man's sense of being sexually aroused at the thought of himself as a woman, experts have argued, but trans activists are pushing back against the label and the stigma it's associated with.**
- **"Psychological disorders are not our fault, but when they are linked to sexuality, they can trigger negative emotions such as shame, guilt and fear. People don't want that, so they deny the condition," Debbie Hayton, who is transgender, told the Daily Caller News Foundation.**
- **"Acknowledging the existence of autogynephilia ... challenges the conceptualization of male-to-female trans as normal, ordinary women who happen to have been born in the wrong body ... [It] is probably a harder sell to the**

**general public than the fairytale version,” Dr. Ray Blanchard, who coined the term, told the DCNF.**

**A**utogynephilia, or a man’s condition of being sexually aroused by the concept of himself as a woman, is a driving force behind male-to-female transgenderism, according to some experts, but activists and a leading transgender medical group have been reluctant to acknowledge the issue.

The World Professional Association for Transgender Health (WPATH), the leading transgender medical organization, removed the term from its standards of care between **1998** and **2001**, and proponents of the transgender movement have **decried the term** as inaccurate and stigmatizing.

Autogynephilia, or AGP, undercuts the narrative pushed by proponents of transgender ideology that gender transitions aren’t sexual, and a significant proportion of transgender people are heterosexual men who are sexually aroused when they present themselves as female and wear women’s clothing, researchers and transgender people have argued.

### **‘Fairytale Version’**

AGP drives the overwhelming majority of male-to-female transsexual cases, according to Dr. Ray Blanchard, a Canadian psychiatry professor who coined the term in the late 1980s. Most of the pushback against the classification of AGP comes from transgender activists and their allies in the mental health field rather than from medical institutions, he said.

“Acknowledging the existence of autogynephilia creates certain problems,” Blanchard told the DCNF. “First, it challenges the conceptualization of male-to-female (MTF) trans as normal, ordinary women who happen to have been born in the wrong body. It threatens the rationale they may have used for terminating their marriages, for risking alienating their children, and sometimes for experiencing a career setback.”

“Secondly, the autogynephilia explanation of nonhomosexual gender dysphoria is probably a harder sell to the general public than the fairytale version,” he added.



“I think it is important to understand, however, that some AGP individuals, with or without gender dysphoria, recognize themselves in clinical descriptions of AGP, and some are even relieved to learn that there are other men just like themselves. Furthermore, one of the very best scholarly works on autogynephilia was written by a postoperative [male to female] transsexual who is herself AGP, Dr. Anne A. Lawrence, MD,” Blanchard said.

Dr. Michael Bailey, a psychology professor at Northwestern University who is known for his research on biology and sexual orientation, told the DCNF he agreed with Blanchard that AGP motivates the majority of male-to-female transgender cases.



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“Autogynephilia occurs in a small minority of natal males and is sexual arousal by the fantasy of being, or the act of imitating, women,” Bailey said. “In some subset of males with AGP — we don’t know how large — gender dysphoria develops.”

“Some AGP males are content with occasional cross dressing and masturbatory fantasies,” Bailey said. “This gender dysphoria can be severe and can motivate men to seek serious life changes, such as leaving their families to gender transition.”

Debbie Hayton, who transitioned from a male-to-female identity around age 40 after experiencing lifelong AGP, believes the condition motivates most male-to-female transsexuals.

“Psychological disorders are not our fault, but when they are linked to sexuality, they can trigger negative emotions such as shame, guilt and fear,” Hayton told the DCNF. “People don’t want that, so they deny the condition. When you accept that you have AGP, you need to take responsibility for your condition. This is a psychological disorder that can be treated, but we need to accept that our condition has an impact (often negative) on other people. The alternative born-in-the-wrong-body idea is attractive because it makes us a victim of an unfortunate circumstance.”

Blanchard’s characterization of AGP **is based** in part on testimonials from dozens of autogynephiles collected by Dr. Anne Lawrence; these patients expressed sexual arousal at the thought of themselves as women beginning around puberty, according to Blanchard’s “Early History of the Concept of Autogynephilia” published in 2005 in the Archives of Sexual Behavior.

“An early experience I can still vividly remember of becoming aroused at the thought of becoming female was when I was approximately 9 or 10 years old,” said one of the patients surveyed by Lawrence. “It wasn’t until I actually started therapy that I began appearing in

public dressed as a female. In the early days I would become aroused whenever anyone, a sales clerk, a casual stranger, would address me as ‘Ma’am’ or perform some courtesy such as holding a door for me. This arousal led to a heightened fear of discovery, i.e., that my erection would give me away.”

Some of the patients Lawrence interviewed expressed shame and disgust at their feelings of arousal. Others gave detailed accounts of arousal they experienced through cross-dressing and mimicking female bodily functions.

“Wearing women’s clothing and feminizing my body has always been sexually exciting for me—even after SRS [sex reassignment surgery],” one patient said. “[I]t was and still is sexually exciting for me to have female body ‘functions.’ Before my SRS, I would pretend to menstruate by urinating in sanitary pad. Even the idea of owning a girl’s bike has aroused me.”

## **‘Trans Activists’**

However, the AGP theory is rarely mentioned, or is downplayed, by WPATH and prominent transgender activists.

“Those who requested genital reconstructive surgery more commonly had adolescent histories of fetishistic cross-dressing or autogynephilic fantasies without cross-dressing,” according to WPATH’s 1998 standards of care. The term was removed from its standards of care by 2001, along with the reference to cross-dressing as a fetish.

Blanchard said transgender activists likely pushed WPATH to stop using the term, though the DCNF could not confirm this was the case.

“Some proportion of WPATH members are trans activists, and WPATH is very sensitive to what its members want,” he told the DCNF. “Most pushback against the concept of autogynephilia has come from trans activists, their civilian ‘allies’ and a relative handful of mental health professionals who are also allied with trans activists.”

Activists and physicians have also argued that the AGP theory relies on outdated understandings of gender identity.

Dr. Charles Moser, a physician who specializes in transgender health, is critical of the AGP concept and **argued** that non-transgender females also experience arousal at the thought of being women, hence male-to-female transgender people classified as AGP

aren't manifesting a type of sexuality that's paraphilic or distinctly male. His findings on female AGP were **challenged** by two other doctors, who argued that Moser's research had problematic measures and limited comparison groups.

Dr. Julia Serano, a transgender activist with a background in biochemistry and molecular biology, **wrote** that AGP is needlessly stigmatizing as both a term and a medical category in a 2010 paper.

"The assertion that transsexual women are sexually motivated in their transitions challenges the standard model of transsexualism—that is, that transsexuals have a gender identity that is distinct from their sexual orientation and incongruent with their physical sex," Serano wrote. "As a theory of transsexual etiology and taxonomy, autogynephilia seems to have little merit. For this reason, and because its terminology is especially maligning to [male-to-female] spectrum people, it is recommended that autogynephilia theory (and the language associated with it) should be avoided in favor of more accurate (and less stigmatizing) terminology. Like all human beings, MtF spectrum people have rich and diverse fantasy lives."

## **'Target Location Error'**

Mental health professionals have observed AGP behaviors since the early 20th century, but often failed to distinguish this category from homosexuality and other forms of transvestism, according to Blanchard, who introduced the term "autogynephilia" in 1989 after the lack of an appropriate phrase for the condition became a hindrance to his writing.

Blanchard isn't alone in his observations; **Dr. Susan Bradley**, who founded a **pediatric gender clinic** in Canada in the 1970s, and Dr. Kenneth Zucker, a psychologist and sexologist who later ran the same clinic, wrote that most male-to-female transgender patients seeking sex reassignment surgeries experience AGP feelings and fantasies **in** a 2005 paper.

Bradley told the DCNF that autogynephiles don't make up the entire male-to-female transgender population, and that a significant proportion of those individuals are actually gay men transitioning in response to homophobia. She did say that cross-dressing was a fetishistic activity for AGP individuals.

AGP was also the driving force behind gender dysphoria and eventual transition for Hayton.

“It is a target location error of male sexuality. Male sexuality is normally directed at the bodies of other people, specifically female people. When it is directed inwardly back at yourself, and your – lamentably – male body, it can cause all sorts of distress. There is a huge pressure to change that body to resemble the female body you are attracted to,” Hayton said.

Hayton is outspoken **against** childhood transitions, along with **other** movements pushed by trans activists.

“I first became aware that I was ‘different’ in early childhood. I desperately wanted to be a girl ... I kept a lid on it for many years. I married in my 20s and had children. The distress became unbearable when I learned that other people were transitioning and I could too,” Hayton told the DCNF. “I therefore think it is an iatrogenic condition – the availability of the medical treatment drives the demand for it.”

“For that reason I worry greatly about children. Had I been aware that I could transition when I was 15, I would have been desperate to do so. And never had my own children,” Hayton said.

Dr. Stephen Levine, who chaired the committee behind the 1998 WPATH standards of care, told the DCNF that AGP had become less prevalent in recent years as the trans population became more heavily young and female.

“The phenomenon of transgenderism has dramatically changed in 30 years. Younger people and more females are being seen today. Many are not fetishistic. AGP generally have been excited by wearing female clothing but we are not seeing many AGP among adolescent trans females,” he said.

WPATH did not respond to the DCNF’s requests for comment.

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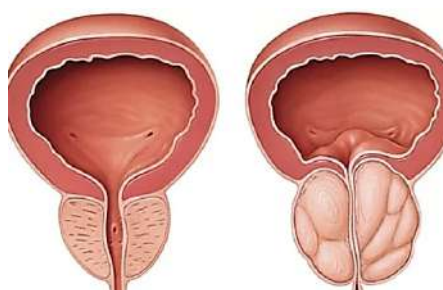
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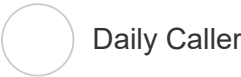
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