

A Review and Critique of Anne Lawrence's
"Men Trapped in Men's Bodies"

Tracy Coyle ©2024

Introduction

For those that have never heard of Ray Blanchard and his theory about transsexuals, what follows will be almost useless. For those that have, and agree, you are free to argue my positions are not correct. For those that disagree with him, maybe you might find some value.

But the primary purpose of this is to satisfy an agreement I made with another online. I said I would read and comment on a book by Anne Lawrence, "Men Trapped in Men's Bodies". A book in support of the typology Blanchard theorized. In agreement, the other person agreed to read my book, "Gender Incongruent: Understanding Us". What follows is my critique of Ms. Lawrence's book. It is NOT an attempt to falsify or scientifically refute with gathered independent, objective data.

Section breaks relate to Lawrence's designations.

Abstract:

Lawrence: "...but there are two different types of MtF transsexuals..."

The first sentence makes an assertion. Given it is the abstract, we can assume there will be some evidence presented to give substance to it. But leaving it unattended to here gives the impression that there are only two variations. Either or.

Lawrence: "One MtF type consists of extremely feminine men who are exclusively sexually attracted to men; they are usually referred to as homosexual MtF transsexuals."

The term, *usually*, suggests it is a common phrase. It is not. Generally, when transsexuals are discussed, their sexual orientation is, at best, a secondary concern/characteristic. And when it is discussed, it is generally noted that the distribution of sexual orientations tends to be similar to that of the general population. 94-96% heterosexual, 3-4% homosexual, 1-2% bisexual. But the other aspect, 'extremely feminine' needs more detail, and it is forthcoming so I will leave it to then.

Lawrence: "The second MtF transsexual type consists of men who are not conspicuously feminine, who are primarily sexually attracted to women, and who have a history of sexual arousal in association with crossdressing."

This has three characteristics: not conspicuously feminine, sexually attracted to women, a history of sexual arousal to crossdressing. Each needs some type of support, and discussion as to why these three are definitive of a MtF transsexual, of the 'second' type.

Lawrence: "...Blanchard proposed that MtF transsexuals of this second type exhibit a paraphilic sexual interest called autogynephilia: the propensity to be sexually aroused by the thought or image of oneself as a female."

This is, at best, a new characteristic introduced, but it seems to be a replacement for the 'sexual arousal to crossdressing'. And there is no explanation as to why this needed to change. Is this then a 4th characteristic? Is it separate from or related to crossdressing behavior? Is it an attempt to get at why cross-dressing is not transsexual, or gender incongruent, related? I believe it is a way to describe transvestite behavior used to distinguish between the transsexual categories. But, why? It is easy enough to just say that the second type is not transsexual but is a transvestite. And if a transvestite seeks medical transition, they have taken their fetish to an extreme state. It doesn't make them transsexual unless the term ONLY means those that medically transition rather than differentiating between two very different reason sets. Blanchard, and Lawrence want to use the term

transsexual for the two different categories. Why? I think it is a bias that both have, that sexual orientation is the defining characteristic of a transsexual. But it does not consider those that realize they are gender incongruent far earlier than recognition of a sexual orientation.

Two Types of Male-to-Female Transsexuals:

Lawrence: "Male-to-female (MtF) transsexuals – men who want to have sex reassignment surgery (SRS) and live as women – are often described by themselves and others as 'women trapped in men's bodies' [cites omitted]. This metaphor implies that these transsexuals not only want to look like women and live as women but that they also display the behavioral and psychological traits that are typical of women, their male bodies notwithstanding."

And the question is, do they display female behavioral and psychological traits? If they do, is there not some substance to that assertion? If they do not, then what is their reasoning?

But to the first statement, 'men who want' suggests a personal choice. A desire untethered to any psychological basis. And what of the Female-to-male (FtM), conspicuous in its absence? More on that later.

There is a thought implied here that would need some depth to evaluate but I'll leave it for the moment:

"...want to look like women and live as women..."

Isn't crossdressing 24/7 sufficient? If a man appears dressed as a woman, and many men do, convincingly, isn't that enough? Or is there something more fundamental that is going on with these, men?

Lawrence: "It is doubtful whether any MtF transsexuals can accurately be described as women trapped in men's bodies, but there are two distinctly different types of MtF transsexuals, and the metaphor is much more applicable to one type than to the other."

Doubtful by what criteria? That they were born male is indisputable (ignoring intersex conditions). So, what is it about the phrase that is trying to be expressed? Could it be that those behavioral and psychological traits, obviously not a characteristic of the body, are expressing a profound sense of self that is in contradiction to the 'male bodies notwithstanding'?

The two distinct types are either distinct, for the metaphor to not to apply to one versus the other, or they are not, so the metaphor is more appropriate to one or the other. Lawrence wants it both ways. And to begin that effort, she introduces a new set of characteristics.

Lawrence: "One type of MtF transsexual type consists of males who have a life-long history of female-typical interests, behaviors, and personality characteristics."

Are these details of the 'conspicuously feminine' previously noted? OR are they part of the 'behavioral and psychological traits' of women? Is there a distinction to be made between the physical body's development and the psychological development of an individual? Can they be different within the same person? And what of life-long history? How is this determined?

Lawrence: "From earliest childhood, these individuals behaved like girls, identified with girls, and often proclaimed themselves to be girls. Their interests, mannerisms, and preferred toys and activities were female-typical, and girls were their favored playmates."

So, two aspects here. First, this historical recounting comes from the patient. With evidence? Or just the assertion based on their presentation to Blanchard and general society? Second, of the litany of behaviors, do they not suggest that the psychological foundations of the individual are in fact, female? Again, suggestive

of a broken development process, an incongruity between the body and the brain.

Lawrence: "They began to cross-dressing openly in early childhood and continued to cross-dress into adulthood, and their cross-dressing was not associated with sexual arousal."

Again, the historical is as represented by the patient. And the assertion that there was no sexual arousal. Neither are of consequence to ME, here. What is important is the environment that the child exists in. Blanchard's paper was published in 1989 and all of his patients were adults. Suggesting that they were born no later than 1969 and likely much earlier. Such behavior in the US and Canada would not have been looked at favorably by most families unless they lived in an area where gender conformity was less strenuously enforced. So, for those behaviors to be allowed and continuous, the environment would have to be accepting. In the 1960s and 70s, such communities were uncommon. So, where did these patients come from, and WHY were they there? Strictly to seek approval for surgery¹ or because their non-conforming behaviors were causing them social difficulties?

Why is cross-dressing important? Because it differentiates between his two types: one as an expression of self, the other for sexual arousal.

Lawrence: "Their feminine identifications and behaviors persisted throughout adolescence and into childhood. They discovered that they were sexually attracted exclusively to men."

Why the two aspects? Is sexual orientation important to their understanding of their behaviors in adolescence? And is exclusivity important? It is pretty declarative.

¹ Surgeons required the recommendation of two therapists (one needed to be a psychiatrist) in order to perform SRS on individuals.

Lawrence: "If any MtF transsexuals deserve to be thought of as women trapped in men's bodies, these pervasively feminine MtF transsexuals have the best claim."

Wait a second. Is it a viable claim or not? Is there a less best, but still viable claim from the 'other type'? Lawrence previously said,

"It is doubtful whether any MtF transsexuals can accurately be described as women trapped in men's bodies..."

But now there is a possibly valid claim?

Lawrence: "Because MtF transsexuals of this type are exclusively sexually attracted to men..."

This states that there is no overlap. Either they are exclusive to males, or they are not of the first type of MtF transsexual. And what of their age? Were they at 'early childhood' sexually attracted to males, or did that come later? When DOES sexual attraction start? Innate and expressed from early ages, or puberty? Or is it variable? Do 'crushes' represent sexual interests?

The description of the second type is in opposition to the previous:

Lawrence: "...they display few of the interests, behaviors, and psychological traits that are typical of women. In most respects, they closely resemble ordinary nontranssexual men. From earliest childhood, these individuals knew they were boys and behaved like boys."

The important part here is ‘individuals knew they were boys. This is different than the first type that declared they were girls. Did the first type not know they had a boy’s body? Were in fact, boys? Is this some mental aberration? And what part did environment play in the behavior of the second type? A very strict, religious, or conservative family would be very aggressive in enforcing gender conforming behavior. Is the thought enough or does someone have to have an accepting environment in order to be able to express their non-conformity, or incongruity for it to be valid?

Lawrence: “...many of them report that they had secret fantasies about becoming female as far back as they can remember.”

Did the first type not have fantasies (dreams?) that they would or could become female – recognizing that they were in fact in male bodies? Is there some distinction to be made here that shows some overlap or is it clearly definitive?

Lawrence: “Their interests, mannerisms, and preferred toys and activities were usually male-typical.”

Again, I hate to beat a dead-horse but, what role does environment play here? Are 6-year-olds being brought into therapists, in the 1960s and 70s, because parents can’t get their boys to behave “correctly”? No.

Lawrence: “Some began crossdressing in early childhood, almost always surreptitiously.”

Why? Because their environment would react negatively had they tried to do so openly. Why does THIS matter in a way to divide the two groups? Both would be crossdressing from early childhood – isn’t this an overlap of the two types? And there is no mention of arousal here. Except:

Lawrence: "Nearly all were cross-dressing secretly by the time of puberty, and their cross-dressing was associated with intense sexual arousal."

As a consequence of doing so for years? As a consequence of 'forbidden behavior'? How is this determined? By patient assertion that as a six-year-old they were aroused by cross-dressing? Or that by puberty their disconnect with their external behavior and internal dialogue or understanding of self were incongruent that cross-dressing was a stress-reliever?

Lawrence: "In other respects, however, their masculine interests and behaviors continued to be, at least superficially, unremarkable through adolescence and into adulthood."

Superficially suggests that internally, there was a disconnect between what they wanted and what was possible. Did this disconnect get resolved in other ways? Or was it repressed ruthlessly because of the environment they grew up in?

Lawrence: "They discovered that they were either sexually attracted to women or, less commonly, were not strongly attracted to other people of either sex."

So, none were attracted to men? None?

Lawrence: "Many of them fantasized at times about having sex with men, but only when they also fantasized about themselves as female; at other times, they found the idea of sex with men unappealing or repugnant."

This is a set of value judgments that suggests a bias of Lawrence. IMO.

Did the first type never think about having sex with men? Was that not a fantasy? A dream? An expectation of future behaviors? And if the second type was raised in an environment where homosexuality was strongly (in the minimalist of terms) rejected and opposed, would not the thoughts of having sex with another men become repugnant? And of course, AS a man, having sex with a man, might be, but if you could be feminine, and appear as a female, then might it be ok, or acceptable? Does not the first type consider the situation – ‘I am a girl’ actually NOT homosexual but rather heterosexual? They might be classed as homosexuals by others, but their own internal understanding of self ‘I am a girl’ suggests just the opposite.

Using one set of criteria or interpretations for the first type but changing the criteria or interpretation for the second type of the same behavior or thoughts is disingenuous, at best, deceitful at worse.

Lawrence: “Because transsexuals of this second type are nonhomosexual relative to their biological sex (i.e., they do not experience exclusive sexual attraction to men), they are usually referred to as nonhomosexual MtF transsexuals in the medical and scientific literature, to distinguish them from their exclusively homosexual MtF counterparts.”

No. They are not so distinguished in the literature (then). They are so distinguished by Blanchard and those that accept his descriptions. Sexual orientation is generally not considered a characteristic of the transsexual. At least not in the 1990s or earlier.

Lawrence: “Nonhomosexual MtF transsexuals are also, and more controversially, referred to as autogynephilic transsexuals, because some clinicians and theorists have concluded that these transsexuals almost always share an unusual erotic interest called autogynephilia...”

Controversially because Blanchard is agreed to by some clinicians as representative of their patient groups and not by many others. To state that a transsexual is defined by a sexual interest, exclusively, is not scientific if it is NOT definitive. And 'almost always' clearly suggests it is not. Is it common knowledge, accepted science, that six-year-olds have sexual interests? A general review of literature suggests it is not. Though 'innateness' of sexual orientation IS accepted, it is only when it is recognized, generally concurrent with puberty, is it an 'interest'.

Further, if it is unusual, what is the reason it exists? What caused that unusual interest? Environment, mental state, self-understanding? If it is because the second type of MtF transsexual thought themselves a girl but their environment was ruthless in preventing any expression of it, it became 'hopeful' or 'wishful' rather than assertive.

Finally:

Lawrence: "This unusual erotic interest, and what transsexuals experience it have to say about it, is the subject of this book."

So, the focus is on the sexual interest of the ONE type of MtF transsexual. No further discussion of the differences, or overlaps, of the two types, or if there are more than two types, is of interest.

Trapped in the Wrong Body

Starting off this section Ms. Lawrence makes two cases. First that the second type of transsexual continues to use the metaphor of 'being trapped in the wrong body' NOT because they believe it is true, but because it is:

Lawrence: "...concise and superficially plausible. Attempting to provide a more accurate explanation would be a lengthy process and would not necessarily result in a more nuanced understanding..."

I agree. Trying to explain what it is we are feeling, what we understand intrinsically, is difficult to express. To say to our parents:

Hi Mom and Dad,

I want to be a girl. I should have been born a girl; I AM a girl.

I want to be a boy. I should have been born a boy; I AM a boy.

Yeah, that is going to go over like a lead balloon. But what can we say? Most are more hesitant and figure a letter laying everything out would be better. I've heard of both positive and negative outcomes to that approach. What I can say is that for the most part, the dialogue in our head of what to say and who to say it to goes on for years!

Most, if not all, parents of gender incongruent children are confused. They don't understand where this is coming from. They had a happy baby, what changed? We learned we were different, and when it showed, it created upset and friction.

Lawrence: "I routinely warn my nonhomosexual MtF transsexual patients: 'Some will accept you; some will support you; some will admire your courage; some will be your advocates; but no one except another transsexual like yourself will really understand you, because the feelings

you experience are so strange that they defy most people's comprehension."

This is important to understand. People have no context to understand gender incongruity. They've never had such a disruption in their own sense of self; never had such a disruption to reality that they questioned everything. But then she goes off the rails:

Lawrence: "Homosexual MtF transsexualism is easier to comprehend. Extremely feminine men who are sexually attracted to other men and who dress as women have been observed in essentially all cultures.[...] Ordinary men and women often seem to find it understandable, even predictable, that extremely feminine homosexual men might want to live full-time or part-time as women. As Levine [cite omitted] observed, 'Many people intuitively grasp a relationship between homoeroticism and the persistent intense, but transformed childhood wish to be female.'"

This continues the thread that transsexualism is a sexual oriented desire. People can understand it because they think it is all about some sexual fetish or kink or orientation. Not that there is anything fundamentally, psychologically associated with gender incongruity. THAT is beyond them. Sexual fetishes they get.

Easier to say someone is a homosexual that likes to dress as a woman for their partner than to bother with a context few can grasp. Makes it easier all around except for the person that NEVER considered a sexual partner in their attempts to understand the discrepancy in their own understanding of themselves.

Lawrence: "Bloom [cite omitted] similarly noted that "Drag queens (gay crossdressers) make sense to most of us. There is a congruence of sexual orientation, appearance, and temperament [in] feminine gay men dressing as women".

Are not drag queens exactly the same as the first type, i.e., gay men crossdressing? What is the distinction? Because one is performative and the other is, not? What makes the difference? That the first type wants to 'dress up 24/7 and get surgery' but the other just does it for a job? There is no indication Bloom or Lawrence considers that there are MtF transsexuals, not gay², that perform drag to support their choice to transition.

This is the first-time congruence is brought into the discussion. Is it necessary to include sexual orientation? Could not a transsexual have the appearance and temperament of a woman and not seek male partners seeking males with such an appearance? What if there is so much confusion about sexual interests that the transsexual simply rejects sexual interactions until such time as a medical transition is complete and their partners see them as woman? It would still be, by Blanchard, Lawrence, and many others as a homosexual relationship, superficially.

Congruence is sought by the transsexual. They express their temperament, their appearance, their emotions in a way that others see as feminine. Their sexual interests are not part of the day-to-day interactions with others. Sexual interest is a secondary component, a consequence of their 'self' expression, rather than a determinant. But neither Blanchard nor Lawrence seems to consider that possibility.

Lawrence: "Nonhomosexual MtF transsexualism, in contrast, seems to make little sense. Why would an apparently masculine man who is attracted to women want to make his body resemble a woman's body and live as a woman?"

² It can be confusing at times but in this context, the MtF knowing they are 'male' does not seek a male partner because such a partner would be considering the MtF as male – something that would be off putting, to say the least, to someone that IS, by assertion, female psychologically. The first type wants that association made by their sexual partners.

Who could know? Maybe some therapists might explore their reasoning, consider their status, their circumstances, their intent and be able to offer a conclusion.

Lawrence: "The image of being a woman trapped in a man's body - being a woman mentally and psychologically but a man anatomically - at least begins to suggest something of the pain, frustration, and incomprehension that nonhomosexual MtF transsexuals feel about not having the bodies they want."

Is Lawrence saying that the first type does NOT have that psychological angst? Because they have a male body that their preferred sexual partners desire, as long as it is feminine? No six-year-old, or fifteen-year-old, transsexual has the body they want. If they DO, then why medically transition? Gay transvestites, who use hormones, would get all the benefits of their sexual interests without the pain and expense of surgery. Why would they bother?

Transsexuals have that angst. No matter how much we KNOW we are psychologically female, we KNOW our body is incongruent. Sexual orientation or sexual considerations are, at best, far down the line of considerations for the second type, but front and center for the first type. They are acknowledged because society understands sexual interests as a motivator. After all, that IS the purpose of procreation.

Lawrence: "But it is a misleading metaphor because it erroneously implies the presence of female-typical attitudes and behaviors, which are rarely present in nonhomosexual MtF transsexuals. It also omits the element that nonhomosexual MtF transsexuals find hardest to talk about: the intense, perplexing, shame-inducing erotic arousal that seems to simultaneously animate and discredit their desires to have female bodies."

If a second type presented to a clinician as a woman and had been living successfully as such for a period of time, but had not been effeminate, sexually oriented, as a child being non-conforming, Lawrence (and Blanchard) would consider them the second type. What of the element provided? Would not an environment growing up that was ruthlessly opposed to any non-conforming behavior not be a factor? Would not such an upbringing induce significant shame? And what of erotic arousal? Did not the first type experience any arousal about the thought of sex with a man while being a woman? In an accepting environment there would be no shame component to confuse matters.

Why is arousal over the idea of being female a bad thing? Is it? Does the first type not exhibit it at all? Or is it only the shame part that is discrediting?

Lawrence: "Sometimes that erotic arousal is center-stage and obvious; sometimes it lurks around the edges of the phenomenon and even briefly seems to disappear. For many affected persons, the arousal feels almost incidental much of the time; merely an unsought physical response that is somehow linked to ones long to be female and one's distress over one's male embodiment."

What makes it center-stage for some, only peripherally for others, or non-existent? Is it a primary factor, or not? Is the range indicative of variability in the group designated type two? And what of the unsought response? Does that not belie the argument that there is sexual arousal? I left this earlier but there needs to be some recognition of the means by which Blanchard, and others, determine arousal without relying upon patient assertions. They attach a device to the penis of the patient and provide casual and variously stimulating photos and measure the physical response of the penis. Any response is considered indications of a sexual interest. But there is a huge, and seemingly ignored, issue with male physiology.

A male being anally raped will often, most commonly, have an erection. This is terribly, psychologically, destructive to a male with no homosexual tendencies and even then, it will cause emotional turmoil. Did they LIKE that? In all but the rarest of cases, the answer would be empathically NO. Yet why did it happen? Male physiology often causes erections during dangerous situations, during aggressive situations, or during negative emotional situations. Most men are aghast, or ignorant unless pointed out: "Hey man you got off on that!"

What to take of the testing method of Blanchard and others? Can you get a positive physical response yet a negative intellectual and emotional one? Certainly. Can you interpret the physical response as a contraindicator to the asserted response? In other words, would you assume the person was lying when they were saying they were NOT interested when the physical response was positive? Blanchard and others believe just that.

An Autogynephilic Transsexual's Case History

Lawrence: "I present it here as an illustrative case history; I do not claim that it is typical or representative."

Then why present it? If it is not typical of the second type, nor representative of it, what value does it offer to the discussion?

Lawrence: "In most respects, he seemed to be a normal boy. He liked toy cars and airplanes, engage in rough-and-tumble play, and did not seem to be delicate or effeminate. According to his mother, however, he showed an early interest in women's bodies and clothing."

This sounds like a transvestite. With an interest in women. More detail indicates a sexual interest in women's clothing. In later detail, there is a desire to have SRS, and eventually does. But the years of using fantasy to achieve a level of sexual relief compromised any future relationships. Her, and I use that pronoun for the same reason as Lawrence: she is post-op and living as a woman, sexual orientation was for other women. A continuation of her orientation from puberty.

The provided case history does not support autogynephilia. Why? She could never achieve orgasm with any sexual partners, male or female. This is a dysfunction that SRS did not resolve. Living as a woman, hating her natal genitals, was not sexual orientation based. A fundamental criterion for Lawrence and Blanchard.

The Concept of Autogynephilia

What follows is a discussion of the origins of Blanchard's "evolutionary and revolutionary" theory. And I'd be dissecting every line. I am going to leave it to certain aspects only in consideration of the length of my response. I have no desire to author another book, and this is getting there. We are only five pages into Lawrence's book!

Lawrence: "Blanchard theorized, based on his own research and that of other investigators, that all or almost all nonhomosexual MtF transsexuals have the propensity to be sexually aroused by the thought of themselves as females. He further theorized that these transsexuals' desire for sex reassignment is directly linked to their autogynephilic desire to be female."

Let's consider the consequences. If such a person actually transitioned and had surgery, what would they be aroused by after surgery? If they succeed in their desire, would they then no longer have any arousal about being women? Would their sexual orientation change/differ? The Case Study resulted in a non-sexual functioning woman. Is that the goal of the therapist that approves surgery for a type two transsexual? Sexual dysfunction? It would seem to be counter to their professional goals for a patient.

And what of this word: propensity? Is there room for variability, for some that do not have sexual arousal? What of those exceptions? They are not type one or type two, is there a third type?

Five examples of earlier research helped Blanchard in his theorizing:

1. Some cases of MtF transsexualism developed from what originally appeared to be transvestism. [1959, cite omitted]

2. Transvestites as well as transsexuals experience a form of cross-gender identity (desire to be the other sex. [1968, cite omitted])
3. The transvestite's "key fantasy" was "becoming a woman" [1976, cite omitted], not merely dressing as a woman.
4. Some MtF transsexuals were homosexual in orientation, while others were primary heterosexual but also had a history of transvestism. [1970/1971, cite omitted]
5. MtF transsexualism was (virtually) always accompanied or preceded by one of two anomalous erotic preferences-either homosexuality or erotic arousal associated with cross-dressing or cross-gender fantasy. [1982, cite omitted]

Noting the dates of the cites should indicate the social environment at the time and how that might affect the outcome of the research. Taking each in turn while noting I did NOT go review the research – I took the statement at face value.

1. In 1959 there were few cases of transsexualism noted anywhere in the world. They existed but, in every case, they would have been classified as transvestite, i.e., cross-dressers, which were extraordinarily focused on 'sex change' transition. The likelihood of any researcher considering transsexualism initially would be highly unlikely.
2. 1968 was two years after Harry Benjamin published his work "The Transsexual Phenomenon". Cross-gender identity could have two different foundations. For Blanchard's first type, "I am a girl" childhood exclamation would indicate there was a foundation of female identity established either extremely early or prenatally. For the second type, or possibly a third type, would be the knowledge of being male, but desiring to be female. One is assertive, the other hopeful. With regard to assertive, it would be highly dependent upon the environment for the child. Accepting would acknowledge the assertion, unaccepting would be ruthless in suppressing it.
3. 1976. I'd argue the reverse: the transsexuals' key 'fantasy' would to be a female, while the transvestite would be to appear as female but not seek medical transition. While surgery would have been a known option by this time, it was still rare.

4. 1970. Didn't both types cross-dress? Oh, yes, only the second type was aroused by it. And that was the 'only' distinction? Some were homosexual, others were heterosexual, but there was no overlap between them?
5. 1982. This was the latest citation and Benjamin's writing, and research was well known (or should have been). This study clearly (per the summary) cited two distinct characteristics: either homosexuality or transvestitism.

Lawrence: "To synthesize these observations and derive from them the theory that all or almost all MtF transsexuals who are nonhomosexual in orientation have the propensity to be sexual aroused by the fantasy of themselves as female could be seen, at least in retrospect, as an unremarkable deductive leap.

So much for evolutionary and revolutionary. The provided cites suggest as Lawrence does, unremarkable. And then, she explains:

Lawrence: "...in that it emphasized the erotic fantasy of oneself as a female as the essential feature underlying this variety of transsexualism."

There it is. The absolute criteria. Absent it, there can only be homosexual oriented, very feminine males as the alternative type of transsexual. IF there is a third, or fourth group, it would cast doubt, at a minimum, about the theory.

Lawrence: "...in that Blanchard theorized that all or virtually all MtF transsexuals were either exclusively homosexual or were nonhomosexual and autogynephilic."

Either, or 'all or almost all'. How many were 'not all'? 1%? 10%? Statistically significant?

Definitions and Terminology

This section needs me to clarify that MY definitions, based on my 60+ years of experience with myself and 40+ years of experience with others, not clinically, will differ somewhat. I will try to be clear as I go along.

Lawrance: "Three terms that come up repeatedly are gender identity, cross-gender identity, and gender dysphoria. Briefly, gender identity is "a person's inner conviction of being male or female" (APA, 2000). Cross-gender identity denotes the desire to belong to the opposite sex or gender. Gender dysphoria denotes discomfort with one's biological sex or assigned gender. Cross-gender identity and gender dysphoria are highly correlated phenomena, as one would predict; but the denotations of the two terms are slightly different."

So, if a child says, "I'm a girl", their gender identity is female. They don't have a cross-gender identity. And gender dysphoria would be a symptom of both a gender identity at odds with biological reality AND a desire, unrealized at the time, to belong to the opposite sex. The foundation might be different, but the goal, unrealized, would cause discomfort. One would expect a high correlation would exist with both. The issue is one of root cause vs the symptom of the root cause.

Lawrence: "The term gender identity has been used in two different ways. Sometimes it denotes the fundamental sense of being male or female that an individual develops during the first 18-30 months of life and that is unusually unchangeable thereafter; Stoller (1968) called this core gender identity. Nonhomosexual MtF transsexuals do not have female core gender identities. In childhood and adulthood, before and after sex reassignment, they know they are always will be biologically male."

This is a stunning statement. Do the first type transsexuals believe they are

biologically female and will continue to be after surgery? Do they not know their biological foundation? This seems to be a form of delusion, a rejection of reality. But I reject the characterization of 'core' as unchangeable. Not that I disagree that gender identity is unchangeable, but that there can be a different version that IS changeable.

Lawrence: "Gender identity, however, can also denote a person's sense of being psychologically male or female (Money, 1986). Ovesey and Person (1973) distinguished between core gender identity and this latter type of gender identity, which "can be defined as an individual's self-evaluation of psychological maleness or femaleness". Doctor (1988) described how nonhomosexual MtF transsexuals (and many transvestites) gradually develop strong, persistent female gender identities of this latter type after years or decades of presenting themselves as women. Nonhomosexual MtF transsexuals experience their newly developed female gender identities as incongruent with their core gender identities [Stoller, 1968].

And there is another version. An identity that forms later, that in is in conflict with the core identity. A person that does not have a core identity at odds with their biological reality is not incongruent. They are not transsexual. I will NOT categorize them, name them, or define them except by exclusion.

I can not accept the idea that a core identity exists, but that can be 'overwritten' or changed later. The question begs, if someone has a core identity as male, and medically transitions, would they not be dysphoric? Wouldn't that dichotomy create a psychological condition that over time would be, at best, exhausting? One might argue that people that detransition after a decade or more post-op in fact ARE exhausted trying to be something they are not. Why would a therapist agree to such a person obtaining medical transition? Better they live as a woman 24/7 but NOT medically, or at least not surgically, transition.

Lawrence: "Cross-gender identity (sometimes called cross-gender identification) is usually thought of as being aspirational, at least initially: It reflects, in the words of Ovesey and Person, "a wish, not a conviction". Typical symptoms of cross-gender identity or identification included "stated desire to be the other sex [and] desire to live or be treated as the other sex" (APA, 2000). In the context of transsexualism, there is usually an assumption, implicit or explicit, that a person's cross-gender identity must be "strong and persistent" [cite omitted] to be clinically significant. When a MtF transsexual's cross-gender identity has become sufficiently strong and persistent, it can supplant her original core gender identity and become her new primary or dominant gender identity. [cite omitted]"

There is a lot here, but the first part is important. If I recognize that I was born a boy at age 6, and that I should have been a girl (given the lack of vocabulary or understanding), would I not 'wish' I had been born differently, or 'wish' that I could be 'magically' changed? Would seem to be both a rational understanding of my actual biological reality, and an acknowledgment that something was fundamentally wrong. If I did NOT recognize my actual biological reality, would I not be delusional, and I would not be wishing for something I believed I already was disregarding reality. It would seem that the accepted type is one that is ignoring or rejecting reality, while the second type is accepting it.

As we get older and learn vocabulary and understand the difference between biology and psychology, we begin to understand the incongruity of our situation. I reject the idea that a new identity is formed that is overwrites the core identity. If that were possible, then it is not core, i.e., unchangeable.

Lawrence: "Gender dysphoria and cross-gender identity seem to operate as two sides of the same coin in many or most patients with longstanding, clinically diagnosed transsexualism."

One is a symptom of distress. The other an aspiration or desire. They go hand in hand but are not 'the same coin'. Maybe I am misunderstanding the usage, but one seems to beget the other, rather than are part of the same aspect.

Lawrence: "Blanchard (1993a) considered transsexualism to be simply severe gender dysphoria."

If there is distress (dysphoria), isn't that a symptom of some condition. The distress isn't the condition. A strong and persistent core identity that is at odds with the biological reality would be a condition that would create distress. And that is the root of 'gender identity disorder', that the DSM 1994 edition used.

Lawrence: "Because these terms [heterosexual and homosexual] are referenced to biological sex, they do not change after sex reassignment. For example, a MtF transsexual who has completed sex reassignment and is attracted to women is considered heterosexual."

The pretzel logic boggles. If a MtF transsexual, the first type, says "I'm a girl" then for her, a sexual orientation towards men would be heterosexual. Certainly, pre-operatively, society would only see a homosexual male. But post-operatively, she would be considered, at least by society superficially, heterosexual.

For someone to say she is homosexual, forever unchanged by medical transition, she would be saying to society, I'm MALE. Is that not a contradiction? Some form of disconnect with reality, either initially or later after medical transition.

And if a MtF of the second type, acknowledges their male biological reality, and is sexually attracted to females, are they not heterosexual but post-operatively, by society's superficial understanding, homosexual? But again, to society saying, I'm MALE.

And what of the core identity. Does this play into it? Isn't that what is important with regard to sexual orientation? What if a transsexual of the second type is predominantly attracted to MALES? Are they not then, homosexual, i.e., the FIRST type?

Early Development of the Concept of Autogynephilia

Lawrence: "No one taxonomy, however, was generally accepted when Blanchard began his investigations."

No where, at no point, is Benjamin and his taxonomy discussed despite it being out for more than 20 years and the Harry Benjamin Society being the primary source of Standards of Care for more than 10 of it.

Lawrence: "Blanchard decided to start with the classification system originally proposed by Magnus Hirschfeld...classified the individuals he called transvestites – a category that included both MtF transsexuals and transvestites, as the terms are used today – into four groups, based on their erotic interest in men, women, both men and women, or neither men or women."

Why? What is it that the erotic interest that is the important factor? Recall, that in both Hirschfeld and Blanchard, they are dealing with adults, long after puberty was complete and sexual maturity reached. Does this factor play into pre-puberty behavior?

Lawrence: "...Blanchard classified 163 MtF transsexual patients....who gave a history of sexual arousal in association with cross-dressing. He discovered that 73% of the patients in the heterosexual, bisexual, and asexual/alloerotic groups gave such a history (the three groups were statistically indistinguishable from each other), versus only 15% in the homosexual group – a highly significant difference.

So, we have 4 groups, three with a similar value such that 73% reported a

behavior, does this mean that the 3 groups totaled 73% so that 24% of each reported the behavior, or that in each group, there were 73% of each reported the behavior? Because if it were the former, compared to the 15%, it would not be 'highly significant'. I will give Blanchard the benefit of the doubt, but I have my reservations.

Together with observations by Freund [cites omitted], Blanchard theorized there were only two types of MtF transsexuals: homosexuals and heterosexuals. The heterosexuals were associated with 'cross-gender fetishism', cross-dressing or cross-gender fantasy.

But we have 15% of the homosexual group that had the same 'fetish'. This is not an insignificant amount. It is statistically significant. And clearly is not definitive as a factor. Predominance certainly, but not exclusionary.

Lawrence: "Blanchard expanded the idea of the fetish object to include activities symbolic of femininity; he noted that "the individuals favorite such symbol might not be women's clothing but some aspect of feminine toilet..."

Interestingly, the use of the term toilet to represent aspects of feminine behavior that help present the body more femininely. A behavioral aspect that MIGHT recall the earlier argument that the homosexual MtF displayed feminine behaviors.

Accounting for Departures from Theorized Associations with Sexual Orientation

Lawrence: "Astute readers will have noted that the association Blanchard observed between cross-gender fetishism and sexual orientation in MtF transsexuals is not a perfect one: About 27% of nonhomosexual MtF transsexuals denied cross-gender fetishism, and about 15% of homosexual MtF transsexuals reported it."

Based on 37 participants deemed heterosexual cross-dressing men. Those that claimed were reporting one thing, but the testing (penile tumescence) reported another, the nonhomosexual MtF, were believed to be 'not reporting accurately'. There was no indication if there were 'not reporting accurately' in the homosexual MtF group or even if they were 'tested'.

Lawrence: "...a recent study involving adolescent boys, mean age 14 yrs., who were referred to a gender identity clinic because of transvestic fetishism [cite omitted]. Remarkably, 45 (47%) of the 96 boys did not admit to sexual arousal associated with cross-dressing on even a single item of a 10-item scale measuring transvestic fetishism, even though this was the very problem for which they were clinically referred."

BY WHOM? Parents that caught their son wearing mom's clothes? Parents that wanted them 'cured' of the perversion? Or a finding that they in fact had daughters and wearing female clothes was expected and not arousing?

Lawrence: "Blanchard (1988) subsequently examined self-reported childhood femininity and age at clinical assessment in 256 MtF transsexuals, whom he divided into homosexual, heterosexual, bisexual and asexual/alloerotic groups. Comparing equal numbers of participants (n=16) from each of these four groups."

Now wait a minute. Four times sixteen equals 64. What happened to the other 192 participants?

Lawrence: "Blanchard et al measured changes in penile blood volume in 37 heterosexual cross-dressing men who listened to audiotaped recordings of narratives describing four scenarios: cross-dressing, sex as a female with a male partner, sex as a male with a female partner, and solitary, nonsexual activities. The participants included transvestites, nonhomosexual MtF transsexuals, and nonhomosexual men with intermediate conditions."

Why these four groups but NOT homosexual MtFs? There are nine in each group (as there was no description of the numbers, the assumption could be made).

Lawrence: "In short, many or most nonhomosexual cross-dressing men who deny sexual arousal in association with cross-dressing are not reporting accurately."

I find this conclusion unsupportable. Penile tumescence occurs across a broad range of male activities, some violently abusive of the male in question. It is often involuntary and unless significant, often unremarkable to the individual.

Lawrence: "Blanchard had previously argued that sexual arousal in this context reflected the autogynephilic fantasy of enacting the female sexual role, not genuine attraction to the male physique."

Why? Were there aspects of the patient's history, environment, in which such an attraction would be deemed negative and therefore repressed or denied?

Lawrence: "This might account for the existence of supposedly "homosexual" MtF transsexuals who report a history of sexual arousal with cross-dressing or cross-gender fantasy."

So, the 15% were not really 'homosexuals' but in fact were just another group of the heterosexual groups? I find that convenient way to dismiss the contrary indicators.

Lawrence: "A recent article that summarized data from four northern European gender clinics provided additional support for this explanation: It reported that 23 (52%) of 44 male patients with adult-onset gender dysphoria described themselves as exclusively sexually attracted to men, but their treating clinicians believed that only 4 (9%) were genuinely androphilic, based on patient interviews and clinical records."

So, four clinics, 44 patients, and only 4 of the 23 were believed. Still, 44 patients from four clinics is not even remotely a viable sample. What of 'early onset'? Still, these are the homosexual MtF but they are unreliable according to the study summary.

Lawrence: "[2012 study by Zucker et al] Remarkably, 45 (47%) of 96 boys did not admit to sexual arousal associated with cross-dressing on even a single item of a 10-item scale measuring transvestic fetishism, even though this was the very problem for which they were clinically referred."

The mean age for that study was 14 years. They were referred for transvestic fetishism. By WHOM? What were the environmental factors? Restrictive (traditional or religious) households? Non-Supporting communities? Were such factors relevant?

Lawrence: "It is important to recognize that socially desirable responding does not necessarily imply deliberate misrepresentation or lying."

How nice to note that a reason someone might not acknowledge certain behaviors is because they have been, somehow, taught or indicated to, that such behaviors are not socially acceptable. But if they were, would their behavior be more consistent with the homosexual group?

Additional Correlates of Sexual Orientation in Mtf Transsexualism

I am strongly opposed to the idea that sexual orientation is a definitive factor in transsexualism. A 1987 study by Blanchard dealt with 125 patients, 52 homosexuals and 73 heterosexuals. With 82% showing cross-dressing arousal and therefore 18% not, while 10% of the homosexual patients also showed the arousal. Again, not a definitive factor, but a predominant one. Correlation? Causation? There is nothing Blanchard offers to explain the difference.

Lawrence: "Blanchard subsequently examined self-reported childhood femininity and age at clinical assessment in 256 MtF transsexuals, whom eh divided into homosexual, heterosexual, bisexual, and asexual groups. Comparing equal numbers of participants (n=16) from each of these four groups..."

This is a stunning statement. We have 256 patients, grouped into four categories, but we are only looking at 64 of the 256. Where are the other 192? Why are they excluded? There is zero conclusions possible when 75% of the cohort are excluded without reason given.

Lawrence: "As far as I am aware, this is the first article [Blanchard 1989a] in which Blanchard referred to autogynephilia as a sexual orientation, when he theorized that "All gender dysphoric males who are not sexually oriented toward men are instead sexually oriented toward the though or image of themselves as women."

So, either you are sexually attracted to males or to yourself as female. Not to females as a female. And this is a definitive statement. Homosexual or not homosexual. Not homosexual or heterosexual. A third sexual orientation, or fifth if you consider bisexual and asexual as other alternatives.

There is an extensive discussion on two scales he developed to measure autogynephilia and for measuring sexual interest in other persons. They are not described by Lawrence, though I have been presented elsewhere with the former, or at least a version of it. My result was neither strongly one way or the other and the criteria were heavily weighted with regard to environmental factors, such as sports involvement, military involvement and career choices.

Without the scales, it is not possible to address them here.

Blanchard's Proposed Transsexual Typology: Brief Comments

Lawrence: "Some readers might expect me to discuss this typology in detail, setting forth the pro and con; but I have decided not to do so. The aim of this book is to present and discuss the narratives of transsexuals who report that they have experienced autogynephilia."

So, the rest of the book deals with those that conform to or accept the concept of autogynephilia.

Lawrence: "I would simply like to state for the record that, based on my clinical experience and my reading of the scientific literature, I am firmly convince that the overwhelming majority – probably 98% or more – of the cases of severe gender dysphoria in men arise in connection with either effeminate homosexuality or autogynephilia;"

Consider this: The studies referenced by Lawrence represent approximately 1,000 patients over the UK, US and the EU (population about 750 million).

My Conclusion

With the exception of the minors referred to clinics, all transsexuals must present themselves to clinicians first. For what purpose? Back in the 1980s, Blanchard's clinical period, homosexual behavior was socially unacceptable, and the AIDS epidemic was raging. Were all those that presented to the clinics seeking SRS or a 'cure' to their sexual orientations?

Finally, there are no discussions as to WHY transsexuals exist. Only that their behaviors, associated with sexual orientation put them into two categories of five possible. And there is almost zero discussion about FtM transsexuals.

This is where I will stop. I think there are sufficient issues or considerations to suggest that Blanchard's typology lacks sufficient grounds to be considered definitive or proscriptive for transsexuals. That some may find his, and Lawrence's reasoning compelling or beneficial does not detract, or support the typology. I am glad individuals reach an understanding for themselves of a condition none of us would wish on anyone else.