

## SOCIAL AND INTERPERSONAL ASPECTS OF GENDER IDENTITY DISORDER

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Biological sex, gender identity and gender role are concordant in most individuals. Transsexuals seek reassignment of gender role and anatomical sex to fit their gender identity. Thirteen males and three female transsexuals have been assessed.

Typical clinical phases are discerned from case histories: (1) Onset phase; (2) Phase of first cross dressing; (3) 'Realization phase', the objective awareness of relating as opposite gender towards same-sex individuals, and of an affinity exclusive of sex drive with opposite-sex individuals; (4) 'Restitution Phase', a conscious attempt to assume a gender identity congruent with biological sex; (5) First Medical Referral, for a condition indirectly related to Transsexualism; (6) Phase of Decision to seek Gender Reassignment, precipitated by the break up of a relationship, by somatic and anxiety symptoms, or by physical ill health.

Inquiry into parental relationships and marriages revealed findings similar to those of other investigators.

Transsexualism leads to school underachievement in some, but is accompanied by compensatory effort and attainment in others. Several patients had volunteered for the services and achieved promotion, though in noncombatant duties with feminine overtones. Latterly some obtained a reassigned 'occupation gender' and acceptance in such by others, though a few revealed inconsistencies between the two. Drifting down the socio-economic scale is related to failure to sustain original gender role satisfactorily, lack of confidence in reassigned role, or employer apprehension.

Transsexuals in their original gender role lived at home with parents and siblings, those in reassigned role were with wife, ex-wife, or on their own, and those in ambiguous role were cohabiting. Marriage, in a third of cases, originated in altruism, role reversal or feminine identification. Most of the unmarried pursued relationships with heterosexual same-sex partners, both to confirm their own gender identity and because homosexual partners usually disapprove of their partner's reassigning gender; although there is always the fear of the transsexual's partner discovering the truth. Leisure time affords transsexuals the easiest opportunity for reassigning role, but paradoxically shows most incongruities between roles.

All married males had fathered children; most became disturbed and depressed during their wives' pregnancies not because of Couvade symptoms but because of their absence and a recognition of the limitations and impossibility of feminine identification. Evidence is discussed for the gynaeocentric as opposed to the Freudian phallogocentric viewpoint.

Transsexualism is viewed elsewhere as a cultural phenomenon related to societal definition of distinct genders paralleling the biological sexes. The condition is here seen as an interpersonal experience of conflicted identification and complementarity, with further problems of commitment and communication in interpersonal relations.

### References

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## THE EEG IN ANTISOCIAL BEHAVIOUR: A STUDY OF BORSTAL BOYS

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A sample of borstal boys was selected (56). All had an assessment of mental state and ratings of sociopathy and aggressiveness performed, using structured interview techniques. A group of RAMC apprentices matched for age, sex and social class, was also examined (56). Eight-channel bipolar scalp EEG recordings were taken, 4 channels (T4-T6, P4-O2, T3-T5, P3-O1) being recorded on analogue tape. The tape-recorded signals were filtered off line through a low pass filter, multiplexed and digitized on to magnetic tape. Power spectral analysis was carried out on this data, using the University of London CDC 60 600 computer. Three 30-second epochs were analysed: eyes closed, eyes open, and eyes closed. No significant EEG differences were found between the borstal boys and the control sample. Neither visual inspection nor power spectral analysis revealed any EEG differences between the borstal boys and controls. Correlation coefficients between the power at each frequency from all four channels, the violence and sociopathy ratings and the time spent in institutional care in months for each boy were computed. These showed that violence contributes not more than 1 per cent and sociopathy not more than 5 per cent to the variance of the EEG power. Duration of stay in the institution accounted

for as much as 20 per cent of the variance of the EEG power with significant correlations at 7 Hz (positive) and 11 Hz (negative). Duration of stay is thus a variable that must be controlled for during the investigation of subjects in penal institutions and long-stay hospitals.

## HOSPITAL ADMISSIONS

### Compulsory Admissions—Social and Clinical Aspects

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This paper examined some social and clinical characteristics of a group of formally admitted patients. Factors of a more long-standing nature preceding the admission were particularly emphasized. The study describes a group of 80 consecutive formal admissions from a London borough and compares them with a random sample of 80 informal admissions. The borough has many characteristics associated with an inner city area, e.g. a high incidence of people living alone, foreign born, single and the elderly.

The proportion of formal admissions was 15 per cent of all admissions. Of these 13 per cent were S.29, 32 per cent were S.25, 40 per cent were S.136, and 12 per cent were S.80. Attention was drawn to the high percentage of S.136 admissions which accounted for 6 per cent of all admissions.

On a number of variables described the formal patients were significantly different from the informal ones. The sex ratio was F:M 1.3:1 compared with 2:1 in the informal group. The diagnoses of schizophrenia and mania were over-represented and depression very significantly less frequent. The compulsory patients were a more socially dislocated group, more often living alone (62 per cent), of no fixed abode or in transitory accommodation (39 per cent), unemployed (74 per cent) and with fewer contacts with relatives or friends. In addition they were a group of patients with a long past history of contact with psychiatric services—60 per cent had been ill over five years, 39 per cent had more than five previous admissions. For only 15 per cent was it a first admission, and 36 per cent had been in a psychiatric hospital within the past six months. Thus these patients were usually known to the services. However, despite this they were frequently not in contact at the time of admission, either with a hospital (only 9 per cent attending an out-patient department) or even with a G.P. (39 per cent not registered).

Their admissions tended to be of short duration, although they were judged on clinical ratings to be

a more disturbed group than the informal patients. Thirty-one per cent absconded or discharged themselves against medical advice in the first month. Sixteen per cent were in hospital for less than a week and 46 per cent for less than a month.

A comparison of formal and informal patients matched for age, sex and diagnosis revealed similar findings. Finally, a comparison of patients admitted under section S.136 and those admitted under sections 29 or 25 were described. Section 136 patients were more often male and younger and displayed the characteristic findings described above to a more extreme degree.

The pattern of care of these patients tended to be in-patient care, often brief, with little in between. Possible reasons for this discontinuity were discussed. Simple denial of illness did not seem an adequate explanation, and more detailed study of the patients' and indeed of the staff's past experiences of treatment contacts were suggested. There often seemed to be a history of mutual disappointment and rejection. The patients' short stay in hospital after admission may be relevant to the absence of any therapeutic relationship developing with a member of staff or even the institution itself.

## DETERMINANTS OF PROLONGED HOSPITALIZATION

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Examination of the existing literature on long-stay patients reveals two interesting parallel trends: an emphasis on descriptive studies characteristic of British literature and an equally singular emphasis on prediction of outcome in studies from the USA. No attempt has yet been made to combine the two methods. The present investigation represents such an attempt.

This is a prospective study which was carried out at the Royal Edinburgh Hospital with the aim of investigating the factors associated with the attainment of long-stay status. A one-year admission cohort of 1,934 patients was followed up at two intervals for one year, continuous hospitalization for that period being taken as a criterion for 'long-stay'. Data were collected on all patients on admission. The first follow-up point was six months after admission. At that point additional information was obtained by interviewing 162 patients who remained in hospital continuously for six months. This provided extensive data covering the patients' hospital experience, clinical state, reasons for continued