

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