

The Third Residential Scientific Conference for Senior Registrars in Psychiatry*

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The conference started with a 'keynote' address by Professor Eve Johnstone entitled 'How to Succeed in Academic Psychiatry'. Professor Johnstone provided a stark picture for academic psychiatry present and future. She reminded us that disadvantages of an academic career included lack of tenure, poor conditions of service relative to NHS clinicians, lack of independence, limited amount of free time, the unavailability of private practice, and envy from other academics who are paid less. She also pointed out that in effect academics have two "full-time" jobs. Careers go through phases, and the most productive phase is often under 40, but a career lasts until 65. On the other hand, advantages included meeting people in exotic places, and the opportunity, if lucky, to become famous. This was a fascinating and informative insight into the world of academic psychiatry.

The rest of the conference was devoted to workshops. There were day long workshops on effective presentations skills, witness skills, and managing your first day as a consultant. Dr Greg Richardson, Consultant Child Psychiatrist, Lime Trees Adolescent Unit, York, conducted the workshop 'Managing your first day as a consultant'. Significantly, this group of experienced senior registrars actively seeking consultant posts had a long list of worries and concerns. These included the inability to predict the

effect of current NHS reforms on the jobs available, the need to deal with resistance to change, replacing well-known and loved previous consultants, the need to feel liked v. the need to achieve respect from colleagues and members of teams, the ability to deal with negotiating and contracting, the ability to determine and acquire necessary resources, and the fear of taking on too much and overextending oneself. At the end of the workshop some of these worries and fears were allayed.

On the final day there were half-day workshops on research methodology, getting your consultant post, and writing scientific papers. Ralph Footring, Scientific Editor, *British Journal of Psychiatry*, provided inside information on the techniques necessary to get your scientific paper published. He reminded us that it is necessary to answer the following questions: why write?; what do you have to say?; who do you want to say it to?; and who will be interested? He took us through the editing process and explained the various stages up to printing. He ended by providing valuable tips on how to impress the editor.

Feedback at the plenary session revealed that the format of workshops provided an interactive medium for learning about information that is not taught or made available in formal sessions from the various rotations around the country. The meeting also provided the opportunity for senior registrars from all over the country in various specialities to meet, compare notes, establish relationships, and possibly even plant the seeds for future collaboration.

*Held at Heriot-Watt University, Edinburgh from 26–28 March 1992.

Psychiatric Bulletin (1992), 16, 507–508

Gender identity and development in childhood and adolescence

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A two-day conference on this topic was held on 13 and 14 March 1992 at St George's Hospital, London. The theme is the inspiration of Dr

Domenico Di Ceglie who, with colleagues in the Child and Adolescent Psychiatry Department at St George's and Croydon Child Guidance Clinic, has

developed a multidisciplinary service for subjects and their families who are perplexed by the peculiar nature of their problem. The conference was an ambitious and successful enterprise. A feature which emphasised the reality of the problem of transsexualism was the presence of a number of transsexual adult people in the audience, some of whom played an important role in discussion. One person, Mr Mark Rees, gave an interesting account of his experience in childhood as a female-to-male transsexual; he left the conference in no doubt that, had such an enterprise as the service at St George's existed in his youth, he and his family would have benefited greatly although it was unlikely that he would have been 'cured' of his gender dysphoria.

Professor Crisp gave a welcome address. This was followed by a lecture from Dr John Money of Johns Hopkins University who is well-known for his extensive writing and research on gender disorders. His theme was the need for exactness in terminology of the various states of intersex and gender problems. The very term gender dysphoria, which is used by some to express the suffering of the gender incongruous person, was defined by Money as: "the state, as subjectively experienced, of incongruity between genital anatomy and the gender-identity role".

Dr Richard Green of the University of California presented the findings of a follow-up of children with gender identity problems: he noted that three-quarters of his sample of children with extensive cross-gender behaviour emerged as homosexual or bisexual, a useful finding which should lead away from the supposition that the future of the child is bound to be a state of transsexualism. The vexed question of the role of parental influences, highlighted as a major factor by Stoller, was addressed by Dr Zucker from the Clarke Institute, Toronto. His conclusion was almost inevitably that of an interplay of relationship and certain undetermined biological factors in the genesis of gender dysphoria. Pointers in a biological direction were that gender dysphoria male-to-female adults had been judged (from photographs) to be more 'cute and attractive' in their childhood and that they did less well on spatial than on verbal tasks (in keeping with a basic femininity).

Ms Margot Waddell gave an interesting psychodynamic account, well referenced from the great festive comedies of Shakespeare with their plots of improbable sudden reversals, disguises and unmaskings, cross-dressings and bisexual possibilities. An account of the Dutch Gender Clinic for Children and Adolescents was given by Peggy Cohen-Kettenis. She spoke of the real dilemmas facing parents and professionals, especially of the ethical issue of preventing masculinisation by sex steroidal drugs before personality had been fully established.

Biological considerations were undertaken by Dr Catherine Wilson from the Department of Obstetrics and Gynaecology at St George's Hospital. Knowledge is now emerging concerning neuronal structure, especially the sexual dimorphic nucleus of the preoptic area. She presented a useful list of references, including the paper by Le Vay which presented finding of decreased size of the third interstitial nucleus in homosexual men. Dr Wilson's review did not refer to a paper, which I will insert here for its potential for biological unravelling (Swaab & Hofman [1990] An enlarged suprachiasmatic nucleus in homosexual men. *Brain Research*, 537, 141-148). In that study reference was made to an enlarged suprachiasmatic nucleus also in two male-to-female transsexuals. So - watch this space!

Discussing the Gender Identity Development Clinic's therapeutic aims with children with gender identity disorders, Dr Domenico Di Ceglie emphasised, in the light of current research, the importance of targeting primarily developmental and family processes, rather than the gender identity disorder *per se*. This approach may improve associated symptoms and the quality of relationships and in the long term perhaps indirectly affect the gender identity development.

The scientifically intriguing and personally distressing conundrum of gender dysphoria is still far from being understood; even those who have most studied the problem confess ultimately to ignorance of causation. One thing is certain it is an area for research and clinical care. Conferences, such as this one assembled at St George's Hospital will continue to foster research and compassion.

A report of the Proceedings of the Conference may be obtained from: Gender Identity Development Clinic, Department of Child Psychiatry, St George's Hospital, London SW17 0RE, price £10.