

UPDATES AND IDEAS  
FOR A LEVEL  
PSYCHOLOGY

No.3 - 10 Articles on  
Developmental Psychology:  
Gender,  
and Attachment and  
Separation

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# 1. CONSTRUCTION OF THE BEM SEX ROLE INVENTORY

Sandra Bem (1974), began her article on androgyny, "masculinity and femininity have long been conceptualised at bipolar ends of a single continuum, such that a person has had to be either masculine and feminine, but not both". She suggested that some individuals may have both masculine and feminine characteristics, and can be described as androgynous.

The Bem Sex Role Inventory (BSRI)(Bem 1974) was designed to measure androgyny. It contains sixty elements - 20 traditionally seen as masculine, twenty traditionally seen as feminine, and 20 neutral items (table 1.1). These sixty items were taken from over four hundred.

MASCULINE ITEMS	FEMININE ITEMS	NEUTRAL ITEMS
49.Acts as leader	11.Affectionate	51.Adaptable
46.Aggressive	5. Cheerful	36.Concerned
58.Ambitious	50.Childlike	9. Conscientious
22.Analytical	32.Compassionate	60.Conventional
13.Assertive	53.Does not use	45.Friendly
10.Athletic	harsh language	
	35.Eager to soothe	15.Happy
55.Competitive	hurt feelings	
	20.Feminine	3. Helpful
4. Defend own beliefs	14.Flatterable	48.Inefficient
37.Dominant	59.Gentle	24.Jealous
19.Forceful	47.Gullible	39.Likeable
25.Has leadership	56.Loves children	6. Moody
abilities		
7. Independent	17.Loyal	21.Reliable
52.Individualist	26.Sensitive to the	30.Secretive
31.Makes decisions	needs of others	
easily	8. Shy	33.Sincere
40.Masculine	38.Soft spoken	42.Solemn
1. Self-reliant	23.Sympathetic	57.Tactful
34.Self-sufficient	44.Tender	12.Theatrical
16.Strong person	29.Understanding	27.Truthful
43.Willing to take	2. Yielding	54.Unsystematic
stand		
28.Willing to take	41.Warm	18.Unpredictable
risks		

(Numbers before each item are position of adjective on actual inventory)  
(After Bem 1974)

Table 1.1 - Items on BSRI.

One hundred undergraduates were asked to judge the desirability of each item in American society for one sex or the other on a scale of 1 ("not at all desirable") to 7 ("extremely desirable"). The final traits used in the BSRI were those rated clearly as desirable for men

(masculinity scale) and for women (femininity scale), or no clear pattern (neutral items).

The completed BSRI was given to participants who rated themselves for each item from 1 ("never or almost never true") to 7 ("always or almost always true"). Three scores were calculated: masculinity score, femininity score, and androgyny score. The lower the androgyny score, the more the individual is androgynous (ie: "equal endorsement of both masculine and feminine characteristics"). In effect, the androgyny score is the masculinity score minus the femininity score (though, technically, it involves a statistic called the t-ratio - "the difference between masculinity and femininity normalised with respect to the standard deviations of his or her masculinity and femininity scores").

The initial sample (or normative data) for the BSRI were 723 introductory psychology students at Stanford University and 194 volunteers at Foothill Junior College, California. Around one-third of the sample were classed as androgynous, and about half as traditional sex-typed (table 1.2).

	MALE	FEMALE
Feminine	6/9	34/40
Near-feminine	5/9	20/8
Androgynous	34/4	27/38
Near-masculine	19/17	12/7
Masculine	36/22	8/8

(After Bem 1974)

Table 1.2 - Percentage of participants from Stanford University/Foothill Junior College in each category.

## EVALUATION

1. The items in the BSRI were based upon the judgments of one hundred undergraduates as to what was desirable for each sex. These judgments were relevant to American society in the early 1970s. But opinions will vary over time and between societies as to what characteristics are desirable for each sex.

For example, Falkner (1994) administered the BSRI to 147 A Level students in the Windsor area. The vast majority of students were undifferentiated - low or moderate scores on both masculinity and femininity scales. Fewer female students were classed as feminine and fewer male students as masculine than Bem found (table 1.3).

The undifferentiated category could have included "mildly sex-typed" individuals. It could also be that the BSRI is dated and of limited use today, particularly in another country.

	MALE (%)	FEMALE (%)
Undifferentiated	59.4	61.6
Masculine	21.6	4.1
Feminine	4.1	15.1
Androgynous	14.9	19.2

(After Falkner 1994)

Table 1.3 - Categories of BSRI among A Level students in the Windsor area.

2. The androgyny score can be obtained in two ways - a high masculinity score minus a high femininity score, or a low score on both scales (Gross 1990). But such individuals will be different.

Bem accepted the difference in response to the Personal Attributes Questionnaire (PAQ) (Spence et al 1975), an alternative to the BSRI, which had four groups:

- "Highly sex-typed male" - high masculinity/low femininity;
- "Highly sex-typed female" - low masculinity/high femininity;
- "Androgynous person" - high masculinity/high femininity;
- "Undifferentiated person" - low masculinity/low femininity.

3. The cut-off points for masculinity, near-masculinity and femininity, near-femininity are subjective decisions.

4. The BSRI could easily be testing the individual's awareness of social acceptable gender behaviours rather than how the individual actually behaves. As with any self-reported questionnaire, it depends upon the respondent's honesty and/or self-awareness.

Weisbuch et al (1999) asked participants to fill in the BSRI in three ways - actual (how rated self), ought (how should be), and ideal (ideal masculine and feminine behaviour). Male participants who showed a high discrepancy between the actual and ought scores were more aggressive in a computer game.

5. Social desirability was built into the BSRI in that

some characteristics were more positive than others. For example, the femininity items included flatterable and gullible (less desirable to have), while the masculinity ones included the more desirable, willing to take a stand, athletic.

Broverman et al (1972) found that mental health professionals of the time equated mentally healthy individuals with traditional masculine characteristics and mentally unhealthy with feminine ones.

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## 2. CULTURAL DIFFERENCES IN GENDER BEHAVIOUR: MARGARET MEAD'S STUDY IN NEW GUINEA

Gender behaviour is that behaviour seen as appropriate for men and women. For men it is called masculine, and for women, it is feminine. There is a debate over the origin of gender behaviour. The nature side of the debate argues that gender behaviour has a biological origin. In other words, being male automatically leads to being masculine and female to be feminine. On the nurture side of the debate, it is argued that gender behaviour is learnt, and thus varies between cultures. The Mead study is quoted as support for the latter.

In a classic study in the 1930s, Margaret Mead (1935) lived with three different groups in New Guinea, south-east Asia. She described how the different societies produced very different gender behaviours in men and women compared to the West. The three groups were the Arapesh, the Mundugumor, and the Tchambuli.

### Arapesh

Mead described the hillside-dwelling Arapesh as a gentle, loving and co-operative people, where men helped in rearing the children. The Arapesh were more likely to hide from invaders than fight them.

She felt that both men and women would be seen as feminine compared to Western society: "a personality that.. we would call maternal in its parental aspects, and feminine in its sexual aspects. We found men, as well as women, trained to be co-operative, unaggressive, responsive to the needs and demands of others" (p279).

### Mundugumor

Mead saw this society of riverside dwellers as the complete opposite to the Arapesh, where both men and women were aggressive and self-assertive. In the past, they had been cannibals.

Neither sex enjoyed child-rearing and the children were treated roughly. "Sleeping babies were hung in rough-textured baskets in a dark place against the wall, and, when they cried, someone would scratch gratingly on the outside of the basket" (Gross 1992).

This produced behaviour in both sexes that would be the equivalent to masculine in Western society: "..both men and women developed as ruthless, aggressive, positively sexed individuals, with the maternal



cherishing aspects of personality at a minimum. Both men and women approximated to a personality type that we in our culture would find only in an undisciplined and very violent male" (p279).

### Tchambuli

This group presented a reversal of traditional gender roles compared to Western society. The women took care of trading and food gathering, and were the property owners. The men were described as sentimental and emotional, and spent much of the time "gossiping". They also carved and painted, and had elaborate "hairdos".

Mead viewed her findings (table 2.1) as evidence against the biological basis to gender behaviour: "If those temperamental attitudes which we have traditionally regarded as feminine.. can so easily be set up as the masculine pattern in one tribe, and in another be outlawed for the majority of women as well as for the majority of men, we no longer have any basis for regarding such aspects of behaviour as sex-linked" (p280).

SOCIETY	DESCRIPTION	COMPARED TO WESTERN VIEW
Arapesh	"ideal is the mild, responsive man married to the mild, responsive woman"	both sexes = feminine
Mundugumor	"ideal is the violent aggressive man married to the violent aggressive woman"	both sexes = masculine
Tchambuli	"the woman the dominant, impersonal, managing partner, the man the less responsive and the emotionally dependent personality"	men = feminine women = masculine

Table 2.1 - Summary of the three groups studied by Mead (1935).

### EVALUATION

1. Mead's study used ethnography. This is where the researcher lives with and becomes part of the group they are studying. It is most commonly used in anthropology.

The researcher "participates in people's daily lives for a period of time, watching what happens, listening to what is said, asking questions, studying documents, in other words collecting whatever data are available to throw light on the issue(s) with which the research is

concerned" (Banister et al 1994 p34). It combines observation and interview techniques. There are strengths and weaknesses related to the use (table 2.2).

#### STRENGTHS

1. Access to inside information about the group.
2. Building relationships helps with a deeper insight into behaviour.
3. High ecological validity.
4. Flexible method to follow where research leads.
5. Used to compare different groups/cultures.
6. Combines other methods.
7. Does not involve manipulation of variables and participants.
8. Few ethical issues, particularly if the researcher does not hide their identity as a researcher.
9. Advantages of both observation and interview methods.

#### WEAKNESSES

1. Researcher is always outsider and they are interpreting the group's behaviour.
2. Researcher may lose objectivity and become too involved in group ("going native").
3. Presence of the researcher changes the group's behaviour - "procedural reactivity" (Hammersley 1979).
4. The group may be concerned with impression management (ie: how the researcher sees them) and thus change their behaviour.
5. Note-taking not always possible and so depends on the memory of the researcher.
6. Observation and inference may become confused.
7. Not replicable.
8. To build relationships ethnography requires that the participants trust the researcher. Could the New Guinea people ever trust a female Western researcher enough to show her the truth?
9. "The ethnographer is a marginal participant" torn between "over-rapport and 'going native'" and "minimal involvement in or withdrawal from the field" (Hammersley 1979). This does not make research easy.

Table 2.2 - Strengths and weaknesses of ethnography.

2. After studying other cultures, Mead (1949) changed her views. She now asserted that certain gender behaviours were universal, like women always being more nurturing

than men.

Booth (1975) argued that the reason for the change of views was in Mead's personal life and her desire to have a child. In 1935 she had none and was told that she was unable with her second husband (Reo Fortune). But she had one by 1949 with her third husband (Gregory Bateson). Mead wrote about these experiences in "Blackberry Winter" (1972).

3. It has suggested that Mead exaggerated some of the gender differences because of her own bias. For example, among the Tchambuli, it was still the men who did the fighting against other groups (Eysenck and Flanagan 2001). While the Arapesh had been quite warlike in the past (Gross 1992).

Termin and Miles (1936) felt that "she entered upon her study.. with definite leanings towards the environmental hypothesis in the interpretations of human behaviour patterns" (p462).

4. The study was superficial. Mead spent only seven months with the Arapesh, three and a half months with the Mundugumor, and a few months with the Tchambuli (Dolen 1997).

She also had only superficial knowledge of their languages. Mead did not fully learn the different languages, but used an "interpreting language", "Pidgin English" (Dolen 1997).

5. The groups varied in size from 85 Arapesh people, about 500 of the Tchambuli, and twice that number of the Mindugumor (Dolen 1997).

6. The three groups were "broken cultures"; ie: they were in a period of transition. The Tchambuli had just returned to their lands after fleeing the Iatmuls, many of the Mundugumor men were away working, and the Arapesh were experiencing food scarcity (Dolen 1997). Thus their behaviour may not have been typical of their group.

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### 3. SEX-ROLE STEREOTYPING IN BRITISH TELEVISION ADVERTISEMENTS: MANSTEAD AND McCULLOCH A FEW YEARS LATER <sup>1</sup>

#### INTRODUCTION

For social learning theorists, sex-role or gender <sup>2</sup> behaviour is learnt from observing others in society. Television is a prime means by which children observe the world: watching on average three hours per day or 1000 hours per year between the ages of 4-11 in the UK (Eysenck and Flanagan 2001).

Studies have found a link between the amount of television watched, and gender stereotypical views and behaviour (eg: Frueh and McGhee 1975; Johnston and Ettema 1982; Williams 1986). The nature of the relationship, and the actual effects are disputed (Gunter and McAleer 1990), but this is not the issue that concerns this article.

This article is looking at the content of television output, and, in particular, advertisements. This study is based upon work by Manstead and McCulloch (1981). They were interested in finding out how men and women were portrayed in 170 Granada Television advertisements from July 1979, and whether the portrayal fitted with "the officially sanctioned aim of greater equality of women" (p172).

Their findings, based on the content analysis of the advertisements, were unambiguous: "adult males and females in this sample of British television advertisements were portrayed in markedly and systematically different ways, consistent with traditional sex roles" (Manstead and McCulloch 1981 p178). Table 3.1 shows the key differences found.

#### METHOD

Content analysis attempts to sample and analyse messages from the media (Morant and Finlay 2001). This research using content analysis is based around the categories of behaviour as defined in Manstead and McCulloch (1981).

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<sup>1</sup> This article originally appeared in Orsett Psychological Review No.11, September 2003.

<sup>2</sup> The terms "gender" and "sex-role" are often seen as interchangeable. They refer to "behaviours, attitudes, values, beliefs and so on, which a particular society expects from, or considers appropriate to, males and females on the basis of their biological sex" (Gross 1992 pp674-5). These ideas are embodied in stereotypes.

MEN	WOMEN
- Have expertise and authority	- Consumers of products
- Objective and knowledgeable reasons for buying particular products	- Unknowledgeable about about reasons for buying particular products
- Occupy autonomous roles	- Occupy dependent social roles
- Concerned with practical consequences of product purchase	- Concerned with social consequences of product purchase

Table 1 - Main differences between men and women found in British advertisements by Manstead and McCulloch (1981).

Fifty-seven different television advertisements were randomly selected from two points in time <sup>3</sup> from Central Television. The aim was to see if the findings from 1979 (Manstead and McCulloch 1981) still applied to the early 1990s.

Eight categories of coding were used. There was no inter-rater reliability possible as only one researcher involved. The coding frame applied to each advertisement is detailed below.

1. Central figure

A maximum of two central figures coded in each advertisement: "male", "female", "other" (no human figure).

2. Mode of presentation

Central figures were classed as "voice" (when voice-over only), "visual" (whether speaking or not), or "other" (no voice or visual human figure).

3. Credibility basis

Central figures were coded as "user" of the product, "authority" (giving information about the product), or "other" (neither of above).

4. Role

Different roles of the central figures were divided into "autonomous" (worker, professional, celebrity,

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<sup>3</sup> The two points in time were 3rd March 1992 and 5th December 1993.

interviewer/narrator), "dependent" (spouse, homemaker, boy/girlfriend, sex object), or "other" (none of the above).

#### 5. Location

The location of the central figures was coded as "home", "store", "occupational setting", or "other".

#### 6. Type of argument

Central figures presented arguments for the product - "scientific" (link to factual evidence), "non-scientific" (opinions), or "none" (no arguments offered).

#### 7. Reward type

Manstead and McCulloch coded for eight categories of reward for purchasing the product. Here the eight categories are reduced to "social" (opposite sex approval, family approval, friends' approval, self-enhancement, social/career advancement), "other" (including practical rewards), or "none".

#### 8. Product type

Manstead and McCulloch's six types of product are reduced to "domestic" (body, home, food), or "other" (auto, sports, other).

### FINDINGS

Table 3.2 shows the findings of this study, and as compared to those of Manstead and McCulloch (1981).

Table 3.3 summarises the main findings of this study for portrayal of males and females in the sample of British television advertisements.

CATEGORY		THIS STUDY		MANSTEAD & McCULLOCH	
		RESULTS	SIG	RESULTS	SIG
1. Central figures					
	male	65%**	0.01*	66%***	0.001****
	female	30		34	(df=1)
	other	5		-	
2. Mode of presentation					
voice	male	36%	0.001	94%	0.001
	female	7		6	
visual	male	28		41	(df=1)
	female	22		59	
other		7		-	

CATEGORY		THIS STUDY	SIG	MANSTEAD & McCULLOCH	SIG
		RESULTS		RESULTS	
3. Credibility basis					
user	male	23%	ns	15%	0.001 (df=1)
	female	23		27	
authority	male	41	0.001	53	(df=1)
	female	7		5	
other		6		-	
4. Role					
autonomous	male	58%	0.001	60%	0.001 (df=10)
	female	9		9	
dependent	male	8	0.02	7	(df=10)
	female	25		24	
other		-		-	
5. Location					
home	male	18%	ns	5%	0.001 (df=3)
	female	11		14	
occupational	male	12	ns	2	(df=3)
	female	4		3	
other/store	male	34	ns	57	
	female	11		19	
6. Type of argument					
scientific	male	32%	0.001	18%	0.001 (df=2)
	female	7		3	
non-scientific	male	8	ns	35	(df=2)
	female	12		10	
none	male	25	ns	13	
	female	16		21	
7. Reward type					
social	male	25%	0.01	14%	0.001 (df=4)
	female	4		14	
other	male	32	ns	3	(df=4)
	female	30		3	
none	male	7	ns	49	
	female	2		17	
8. Product type					
domestic	male	43%	ns	37%	0.02 (df=3)
	female	33		26	
other	male	23	0.001	27	(df=3)
	female	1		10	

\* "One variable - two categories only" X2 used (2 tailed; df = 1) (Coolican 1990).  
\*\* All percentages have been rounded to whole numbers.  
\*\*\* Percentages for Manstead and McCulloch data calculated from table 8.1 in Gross (1990).  
\*\*\*\* X2 results for Manstead and McCulloch data based on original data not percentages.

Table 3.2 - Results of coding categories and comparison with Manstead and McCulloch (1981).



MEN

- Central figures more often (65% vs 30%\*)
- Voice-over (36% vs 7%\*\*\*\*)
- Authority figure (41% vs 7%\*\*\*\*)
- Autonomous role (58% vs 7%\*\*\*\*)
- Scientific argument for product (32% vs 7%\*\*\*\*)

WOMEN

- Dependent role (25% vs 8%\*\*)

(\* significant 0.01; \*\* 0.02; \*\*\* 0.001)

Table 3.3 - Significant differences found in the content analysis.

It seems that the findings about the portrayal of males is similar to Manstead and McCulloch (1981). They are more likely to be presented as the "authority" about the product, in an "autonomous" role, and using the "scientific" argument for the product. But the presentation of women is less stereotyped in the opposite direction: for example, there is no significant difference in women as "user" of the product or using "non-scientific" arguments for the product. Though women do appear in the "dependent" role more often.

The sample of television advertisements used in this study came from the early 1990s, and showed limited changes in gender or sex-role stereotyping compared to 1979.

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#### 4. MALE AND FEMALE AND INBETWEEN

"Gender identity" is how the individual feels about themselves (ie: male, female; masculine, feminine, androgynous). "Biological sex" is the sexual identity of the individual based on their biological make-up (ie: biological male, biological female, intersex, hermaphrodite).

Biological sex is determined at a number of levels (Hutt 1978)(table 4.1).

	MALE	FEMALE
1. Chromosomes	XY	XX
2. Reproductive organs	testes	ovaries
3. Dominant hormones	testosterone	oestrogen/ progesterone
4. Internal organs that link reproductive organs and external genitalia	Wolffian duct	Mullerian duct
5. External genitalia	penis	vagina/clitoris

Table 4.1 - Levels of determining biological sex.

Usually these levels work together, but in exceptional cases, they may be different due to sex chromosome (table 4.2) or hormonal abnormalities (table 4.3).

#### SEX CHROMOSOME ABNORMALITIES

NAME	CHROMSOMAL ABNORMALITY	FREQUENCY OF LIVE BIRTHS (LeVay &
TURNER SYNDROME	XO	1 in 4000
KLINEFELTER	XXY or XXXY	1 in 1000
XYY SYNDROME	XYY	1 in 1500
TRIPLE X SYNDROME	XXX	1 in 2000

Table 4.2 - Sex chromosome abnormalities.

- Turner Syndrome - Develop as female, but lack normal ovaries, which can mean no puberty. Physically short with unusually broad chest and loose skin around the neck.
- Klinefelter Syndrome - Develop as male, but with some degree of learning disability. Often extreme tallness, and have breast development (gynecomastia).
- XYY Syndrome - Develop as male, but with genital anomalies. Learning disability, and increased rate of criminal convictions (Gotz et al 1999).
- Triple X Syndrome - Develop as female, but very little difference apart from occasional cognitive deficits.

#### HORMONAL ABNORMALITIES

NAME	FREQUENCY OF LIVE	WHERE PROBLEM OCCURS
ANDROGEN INSENSITIVITY SYNDROME (AIS) (or Testicular Feminization Syndrome)  Pseudohermaphroditism	1 in 10 000 (LeVay and Valente 2006)	XY (male) but female appearance of Mullerian duct and vagina
GONADAL INTERSEXUALITY  True hermaphroditism	60 cases in past 100 years in Europe and North America (Money 1986)	Changes in womb
CONGENITAL ADRENAL HYPERPLASIA (CAH)  Pseudohermaphroditism	"classic type" - 1 in 16 000 (Carlson et al 1999)	XX (female); Mullerian duct, ambiguous external
5-ALPHA-REDUCTASE DEFICIENCY  Pseudohermaphroditism	Very rare	Male except lack of testosterone (until puberty) means external genitalia appear ambiguous/female

Table 4.3 - Hormonal abnormalities.

- Androgen Insensitivity Syndrome - Genetic mutation makes womb insensitive to androgens (eg: testosterone)

(complete AIS), and partial AIS has limited insensitivity. The chromosome pattern is XY (male), but lack of testosterone limits the development of male genitals. The physical appearance is female, but no menstruation at puberty.

- Gonadal Intersexuality - Individuals possess both testicular and ovarian tissue usually seen as one ovary and one testis. Usually XX chromosomes (female), but something has happened in womb to produce testis (eg: SRY gene translocated to X chromosome).

Another possibility is that two sperm (one X and one Y) have penetrated a single ovum, but only one of them has fertilised the egg and the other has affected the development in some way.

- Congenital Adrenal Hyperplasia - Individuals with XX chromosomes (female) who through a genetic defect receive too much androgens in the womb and after birth leading to masculinity and ambiguous genitalia (eg: enlarged clitoris).

It is a recessive gene condition which can remain in certain genetic populations (eg: Ashkenazic Jews from Central Europe - 1 in 27 children have mild version; New and Wilson 1999).

The condition can also affect XY foetuses, but is only noticeable after birth as early puberty.

- 5-Alpha-Reductase Deficiency - A recessive gene leads to problems with an enzyme (5-alpha-reductase) which interacts with testosterone. It is very rare except for clusters in limited genetic populations (eg: Salinas in Dominican Republic; Imperato-McGinley et al 1974).

The sufferers are male (XY), but the external genitalia appears female (through lack of testosterone in this aspect of development). The increased testosterone at puberty leads to full development of male genitalia.

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## 5. JOHN/JOAN - BROUGHT UP TO DATE

### INTRODUCTION

This case study is sometimes called "The circumcision that went wrong" or "John/Joan". It is particularly interesting to psychology because two identical male twins are involved, and one was raised as a boy (Brian), the other as a girl (Bruce/Brenda/David Reimer) for most of their childhood.

The positive aspects of the case are reported by John Money (eg: Money and Ehrhardt 1972), but this has been challenged recently. Diamond (1982) began to raise doubts suggesting that Brenda Reimer was having problems, among general issues on intersex children in a BBC programme. For example, she was called "cave-woman" by her classmates because her appearance and behaviour were so unfeminine.

Diamond and Sigmundson (1997) was based upon interviewing David in 1993. They called it the case of "John/Joan", and told the truth about it not being a success. David Reimer made his identity known through John Colapinto's book "As Nature Made Him".

### HISTORY

At seven months old, Janet Reimer (mother) noticed the boys' foreskins seemed to be sealing up at the tip making it difficult for them to urinate. The doctor diagnosed this as phimosis, and operations for circumcision were arranged.

The operation took place on 27th April 1966. Colapinto (2000) reconstructed the events from court papers filed later.

Bruce was chosen for the operation first, and was given a general anaesthetic because of being eight months old. The operation was relatively simple and involved cutting away the foreskin. The doctor preferred to remove the foreskin by burning it away with a "Bovie cautery machine". Electricity is used to heat a small needle (similar to a soldering iron).

Initially, the machine did not seem to work on a low temperature, so the temperature was increased. Because the temperature was now so high, the machine burnt away more than the foreskin, and left the penis severely damaged.

A subsequent emergency operation was needed to attach a catheter to the bladder. In the next few days, after the operation, Bruce's penis dried up and pieces broke off. So there was no penis, and it was very difficult to urinate. Thus the need for the catheter.

Doctors were unsure about what to do, in terms of surgery, but ten months after the operation (February 1967), the family were contacted by John Money from Johns Hopkins Hospital, Baltimore. He proposed to the Reimers to do the full sex change operation on Bruce, as it did not matter the sex a baby was born because they could be reared as another successfully.

Bruce was to be called Brenda and treated as a girl. On 3rd July 1967, at 22 months old, Bruce was given full surgical castration (bilateral orchidectomy - removal of both testicles), and a "rudimentary exterior vagina". Ideally a further operation would have been needed to develop the vagina nearer puberty, but Brenda resisted and it never happened.

After years of problems, on 14th March 1980, Brenda (aged 14 years) was told the truth by her father. Very soon after finding out, Brenda changed her name to David, and started to dress like a boy. He received injections of testosterone, and began surgery to revert back to the biological sex of male (22 October 1980 double mastectomy, and 2nd July 1981 phallic reconstruction - phalloplasty).

Despite marrying as David and attempting to settle down to an ordinary life, his past affected him, and on 4th May 2004 he committed suicide with a shotgun at 38 years old. He had recently become unemployed, lost money in a bad investment, and was temporarily separated from his wife.

## CONTROVERSY

Despite the efforts to raise Brenda as a girl, there were problems. The choice of toys were boys' ones, and lots of fights at school. A commonly quoted example was that Brenda stood and faced the toilet bowl when urinating (as men do).

Though few people outside the family knew the truth, Brenda's boyish behaviour was noted. The kindergarten teacher, Audrey McGregor, said "She was more a boy in the nature of things" (Colapinto 2000 p61). Problems at school were normal for Brenda from the beginning, including retaking the first grade.

Over the next few years, there were regular visits to see John Money, which David Reimer described to John Colapinto as unpleasant, to say the least. He felt that Money's main intention was to bully him into being a girl.

The case study that became known in psychology



textbooks reported that Brenda was developing as a girl with few problems. Money (1975) wrote about Brenda (4 years old) quoting her mother: "One thing that really amazes me is that she is so feminine.. She just loves to have her hair set.." (quoted in Masters et al 1995 p206).

But there were critics and concerns including psychiatrists, Keith Sigmundson and Doreen Moggey, who saw Brenda in 1976, were concerned that she was "just a boy with long hair in girl's clothes". Moggey admitted: "when you read the papers (Money's accounts) and when you saw the kid, they didn't go together.. That wasn't the child he was describing" (Colapinto 2000 p114).

While Janice Ingimundson (child psychiatrist), in 1977, found her a "tough girl": "A rather boyish-looking girl.. You'd talk to her.. and conventionally masculine interests would come forward" (Colapinto 2000 p122).

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## 6. RESEARCHING GENDER DIFFERENCES: SOME PROBLEMS

The idea that there are differences between men and women in certain behaviours is accepted as commonsense. These differences are confirmed by regular reports of psychological research finding such differences.

The type of research used to study gender differences are based around certain methodologies including:

### i) Self-rated inventories or questionnaires

Here participants rate themselves on adjectives, say, to describe their behaviour. For example, the Williams and Best (1982; 1990) fourteen country study found that men rated themselves more as "ambitious" and "dominant" than women, and women as "sensitive" and "kind" compared to men.

### ii) Personality inventories or tests

Research using standardised and validated personal inventories or tests show differences between men and women like men scoring higher on characteristics of "assertiveness", and women on "tendermindedness" (Feingold 1994).

This method has both strengths and weaknesses (table 6.1).

### iii) Summaries of research/literature review

Maccoby and Jacklin (1974) produced the most comprehensive survey of research on gender differences from over 2000 books and articles. They grouped the findings into three categories:

- Myths of gender differences; eg: girls are more "social" than boys;
- Evidence of differences; eg: males are more aggressive than females;
- Ambiguous or inconclusive studies; eg: differences in tactile sensitivity.

This research simply counted the number of findings, and all studies were given equal weight, even if there were methodological weaknesses. Thus there is a need for a more sophisticated way of summarising the research,  
STRENGTHS

1. Individual's data can be compared to other individuals.
2. Individual's data can be compared to norms.
3. Standardised comparison between studies.
4. Standardised tests save researchers time as they do not have to construct the test themselves.
5. Good tests have established reliability and validity.

#### WEAKNESSES

1. Depends on accuracy of construction of test.
2. Assumes certain norms.
3. Depends on honesty of answers.
4. Needs co-operation of test-taker.
5. Can be faked.

Table 6.1 - Strengths and weaknesses of personality inventories.

which came with meta-analysis.

#### iv) Meta-analysis

This technique summarises other methods of research by statistically reanalysing them, and producing an overall score of difference or "effect size" (Wood 1995). Findings here included that men exceed women on physical aggression ( $d = .40$ ; Eagly and Steffen 1986) and restlessness ( $d = .72$ ; Eagly 1987), and vice versa for measures of conversational sensitivity (eg: decoding visual cues  $d = -.32$ ; auditory cues  $d = -.18$ ; Hall 1984).

Table 6.2 compares the literature review/summary of studies with meta-analysis.

LITERATURE REVIEW	META-ANALYSIS
- Qualitative	- Quantitative
- Selected coverage	- Comprehensive coverage
- Individual studies either statistically significant or not	- Overall magnitude of change possible to calculate

Table 6.2 - Comparison of meta-analysis with traditional literature review.

## GENERAL PROBLEMS

### 1. Published or unpublished studies

Studies finding differences are more likely to be published (known as the "file-drawer problem; Smith and Egger 1998). This leads to a possible over-representation of gender differences. To every one study published showing gender differences, how many unpublished studies did not find differences?

The focus upon difference emphasises the message that there are differences: sameness is of little interest (James 1997).

### 2. Use of average scores

The analysis of differences is based around average scores. James (1997) called this the "tyranny of averages". There will be large individual variations in scores which produce the average. Focusing upon the average may give a false picture of the gender differences.

For example, Hyde (1986) found a medium difference in mathematics ability between men and women, but, at the extreme of high ability, there were five times more males.

### 3. Method used and results

Different types of studies find differing results. Eisenberg and Lennon (1983) looked at the studies on gender differences in empathy. They found that studies using self-reported scales (overt measure of behaviour) had large differences, while lab-based studies moderate differences, and physiological measures (hidden measure) produced no gender differences.

It was suggested that in some situations "demand characteristics" (Orne 1992) were involved, and women were likely to live up to the stereotype of being more empathetic than men.

### 4. Underlying assumptions

The underlying assumption of research into gender differences is that:

..it has tended to make assumptions about sex-stereotypical behaviour, without really taking into account issues of similarity or androgyny. The problem is that research which is designed to uncover differences between groups of people almost always prevents researchers from identifying

similarities..(Hayes 1994 p757).

It is implicit in the research that there are two genders, which are different. Bem (1975) has argued for a middle ground known as "androgyny", which is a combination of both masculine and feminine.

#### 5. Interpretation of results

If the differences between men and women are accepted as real, are they caused by underlying biological differences (eg: sexual selection to explain differences in mathematics; Geary 1996), or the product of social learning (eg: Eagly 1987: social role theory)?

This is not a simple question because as Raven and Rubin (1983) noted: "behaviour differences between men and women must be considered in the larger context of a society that treats men and women differently".

#### 6. Differences over time

Some gender differences may be diminishing over time. For example, Maccoby and Jacklin in 1974 found evidence that girls had greater verbal ability, and boys excelled in mathematics ability. By 1988, Hyde and Linn argued the research showed that verbal ability had increased for boys. While, based on GCSE results, girls outperformed boys in mathematics in 2000 (Eysenck and Flanagan 2001).

#### 7. The categories of behaviour used.

Some of the categories of behaviour used in the studies are more concrete (eg: aggression) and reliable than others. Women score higher on categories of behaviour like "social sensitivity", which includes role-taking, nurturance, and empathy (Lippa 1994). This is a more subjective category of behaviour. It is much easier (in terms of reliability and validity) to measure "personal space distance" (which men score higher; Hall 1984) in the research, for example, than "socio-emotional group behaviours" (which women score higher; Carli 1982 quoted in Campbell 1996).

### CONCLUSIONS

In reality, women and men are more alike than different: "there is greater variability between individual women and between individual men than there is

between women as a group and men as a group" (Griffin 1991).

The tendency in much research into gender differences was to emphasize girls' poorer performance (Hollway et al 2002), which led feminist psychologists to be critical of poor scientific practice. Hyde (1994) suggested a set of guidelines for non-sexist research on gender differences. It included the recommendations that:

- Research that found no significant gender differences should also be published;
- Published work should specify the size of any gender differences;
- Interpretations of differences should not be based upon the assumption of the male standard as the norm;
- Biological differences should not be inferred from behavioural tests, only from biological measures.

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## 7. CHILDREN RAISED BY TWO SAME-SEX PARENTS - ARE THEY DIFFERENT?

### INTRODUCTION

The traditional family of mother, father, and child(ren) is among a number of options that exist in the UK today. Single parents, usually female, raising children have increased in particular. There is a situation of two parents that exists, but both parents are of the same-sex: gay and lesbian households. The child(ren) here may be adopted or biologically related to the adult(s).

The influence on gender development of having two parents of the same sex depends upon the theoretical approach taken (Golombok et al (2003)):

- Biological theory - No effect because gender determined by biology;
- Cognitive developmental theory - Limited effect because children actively seek out information about gender in the world including from same-sex peers;
- Psychoanalysis - In a lesbian family, the absence of the father means no successful resolution of the Oedipal conflict and so problems for boys;
- Social Learning Theory - The child could have no same-sex parent to imitate. However, reinforcement of appropriate gender behaviour can occur with parents of either sex.

It is interesting that much of the concern is for how boys without fathers will grow up, in terms of their masculinity. But why is there not the same concerns about girls and their femininity, if they are raised by (one or) two men?

### RESEARCH EVIDENCE

Research is limited because there are not that many same-sex parent households per se, and the majority tend to be female.

Most of the interest is with the development of sexual identity in the children in same-sex households. Sexual identity is studied in a number of ways including, for example, knowledge of sexual stereotypes, and adoption of sex roles through choice of toys. Some studies with older children include sexual orientation.

Green (1978) studied 37 individuals (eighteen male and nineteen female) aged 3-20 years raised by lesbian or trans-sexual parents. All, except possibly one individual, developed heterosexual preferences and conformed to traditional gender roles. There was no comparison group of heterosexual parents.

In a still-running longitudinal study, Golombok et al (1983) used a comparison group of heterosexual single parents. This research compared 38 children (aged 5-17 years) in such situations with 37 raised in lesbian households (average age nine-years-old). There were no differences in gender identity, sexual preference, emotional development, or behaviour between the two groups.

Golombok et al (1983) concluded that "rearing in a lesbian household per se did not lead to atypical psychosexual development or constitute a psychiatric risk factor" (p565).

This study was followed-up by Golombok and Tasker (1996) when the individuals were 23 years old. It was possible to find twenty-five of those from lesbian households and 21 from the control group. The most important finding related to sexual orientation - only two of those in the lesbian household group classed themselves as gay (and they were both women).

However, individuals in this group admitted having thought about homosexual relationships before the rejecting the idea more than the control group. Four of the former group did try homosexual relationships in their adolescence. Being raised in a lesbian household had encouraged the individuals to be open-minded about their sexual orientation, which is not bad in a society where discrimination against homosexuality is still common (Kitzinger 1999).

As with the original study, there were no differences found between the two groups in terms of mental health problems.

Flaks et al (1995) studied lesbian couples who had children through donor insemination. The samples were small - only fifteen couples - and fifteen heterosexual parents in the control group. Not only from the children's point of view were there no differences between the two groups, but the adults were similar in their quality of parenting. In fact, the lesbian couples showed greater awareness of how to cope in different childcare situations.

There is more research on children raised by two women than by two men. However, Bailey et al (1995) did look at the sexual orientation of adult sons of gay fathers. This study did not concentrate on gay

households, only if the father was gay. From adverts, 55 gay or bisexual men volunteered for the study. Their sons were contacted and interviewed as well. Ninety-one percent of the sons were classed as heterosexual. Of the remainder, they were either classed as homosexual, bisexual, or the sexual orientation was unclear. The length of time the boys had lived with their fathers was not a factor in sexual orientation.

A more formal concern for children in same-sex households would be the development of Gender Identity Disorder (GID). This is a strong preference for sex-typed behaviour more common in the opposite sex, that develops in the pre-school years, and is shown in, for example, dress-up play, and roles in fantasy play (APA 2000).

Zucker (2002) noted, from his work at the Child and Adolescent Gender Identity Clinic in Toronto, Canada, that:

..we have not detected any convincing evidence for an elevation in the rate of a homosexual sexual orientation among parents of both children and adolescents with GID (p743).

#### EVALUATION OF RESEARCH

1. The comparison of one parent with two is crude because of other family contacts, particularly other males (Schaffer 1998).

For example, in the Golombak et al (1983) study, many of the children saw the fathers often. Furthermore, children in lesbian or gay households may have spent some time in heterosexual families.

2. The studies are based upon volunteers (eg: Bailey et al placed adverts in gay publications), and the samples are small.

3. The effect of the father's absence depends on other factors, like the mother's reactions to the situation, or the child's age.

4. There are problems with the measurement of behaviours, like sexual identity in children. Measurements include asking children about their preferred toys and games, preferred sex of playmates, and future job aspirations.

Green (1978) measured the gender behaviour using a projective test called the "Draw-A-Person Test" (DAP) (Machover 1949).

The child is asked to draw a person, then a person of the opposite sex. The proportion of the body parts are

taken as signs of psychological problems. For example, a disproportionately large or small head could reflect problems in intellectual functioning, social balance, or control of the body impulses (Comer 1996).

While a dehumanised figure is interpreted as a possible character disorder (Knoff 1990). There are concerns over the reliability of scoring of such tests, as well as the accuracy of interpretation of the answers (Brewer 2002).

5. Concern over claiming causality. Where there are detrimental effects to the child's development, it may be caused by a combination of factors rather than just the sex of the parents.

This is also particularly relevant with single parent households. Problems for children from such households may be as much a product of poverty, say, which is a major risk for single parents, especially mothers, as the lack of a father in the household.

6. Much of the research challenges the assumption that sexual orientation is entirely due to imitation and identification with a same-sex parent (Schaffer 1998).

7. Other research has shown that the quality of relationships and the harmonious nature of the household matters more than the child living with certain people (Schaffer 1998).

8. The earlier studies tended to use opportunity samples (ie: those available), and this often meant women who became mothers in heterosexual relationships and then left to adopt a lesbian identity. Thus the children lived with their fathers for some period. Opportunity samples have limitations (table 7.1).

#### STRENGTHS

1. Uses those available - convenient.
2. Useful when studying groups that are hard to find.

#### WEAKNESSES

1. No guarantee that sample is representative of the whole population, and thus problems with generalisability of results.
2. Depends on who is available at the time of the study.

Table 7.1 - Strengths and weaknesses of opportunity sampling.

Golombok et al (2003) were able to gain a representative sample of lesbian-mother families from the fourteen thousand mothers on the Avon Longitudinal Study of Parents and Children (ALSPAC). Thirty-nine lesbian-mother families were recruited (20 single parents, 19 couples) along with two comparison groups of 74 two-parent heterosexual families and sixty single heterosexual families. The children were aged 7-8 years old.

A selection of interview and questionnaire data were collected from the parent(s) and the children. The researchers found little difference in mother-child relations or childhood problems based on family structure. For example, five (13%) of the 38 children in lesbian-mother families were rated as showing psychological problems, like conduct disorders and ADHD, compared to 9% of children in heterosexual families.

The researchers concluded: "The findings of the present investigation are largely in line with those of earlier studies of lesbian-mother families that pointed to positive mother-child relations and well-adjusted children" (p29).

## CONCLUSIONS

A body of research has been built up to show that children from gay and lesbian households are not confused about their gender or sexual orientation, and do not develop in atypical ways. Kitzinger (1999) is pleased to note that "our children grow up just like heterosexuals' children".

Schaffer (1998) concluded that "it is the quality of relationships between members of a household that matters rather than the form of the household as such" (p88).

While Golombok et al (2003) felt "that the presence of two parents irrespective of their gender rather than the presence of a parent of each sex, is associated with more positive outcomes for children's psychological well-being than is rearing by a single mother" (p31).

Furthermore:

..we must rid ourselves of the expectation that such children will turn out to be psychologically "inferior" - just because of the absence of a father-figure, whether due to death, divorce, the mother's unmarried status or her preference for a female partner (Schaffer 1998 p88).

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## 8. ADOPTED CHILDREN FROM ROMANIAN ORPHANAGES

John Bowlby argued that children who did not have a secure attachment with their mothers would have problems both in child and adulthood. The adoption of children from orphanages in Romania has produced a situation in which to test Bowlby's ideas.

### ENGLISH AND ROMANIAN ADOPTEES STUDY TEAM

In recent years, a number of children from orphanages in Romania have been adopted in Britain, among other countries.

Rutter et al (1998) studied 165 such adoptees (excluding those diagnosed with pervasive developmental disorders), and compared them with 52 non-deprived within-UK adoptees.

The Romanian group were adopted before the age of 42 months old, but the control group were adopted before six months old. The vast majority (80%) of Romanian adoptees were living in poor-quality institutions before adoption (Johnson 2001).

Initially there were problems with severe malnutrition (mean weight 2.4 standard deviations below age norms), intelligence (mean IQ of 63 based on Denver Scale), and milestone development. The children have so far been followed up at 4 and 6 years old.

The follow-up at age 4 found that only 2% had major problems, and evidence of "catch-up" to norms in weight, height and IQ for the majority. But there was a negative correlation with improvements for the children adopted after four years old.

At the 6 years-old follow-up, the children were assessed on seven domains of problem behaviour (Rutter et al 2001):

i) Attachment problems/disorder: measured from parental interviews using criteria like "definite lack of differentiation between adults";

ii) Inattentive/overactive: measured by combining the scores from mothers, fathers and teachers on the Rutter behavioural scales (Elander and Rutter 1996);

iii) Emotional difficulties: including behaviour like "gives up easily", "cries easily", or "tends to be fearful or afraid of new things or new situations" (from Rutter scales);

iv) "Quasi-autistic" features: measured by Autism

Screening Questionnaire (ASQ) (Berument et al 1999) and Autism Diagnostic Interview - Revised (ADI-R) (Lord et al 1994);

v) Cognitive impairment: defined as 2 standard deviations below UK sample mean of McCarthy Scales of Children's Abilities (McCarthy 1972). The UK mean is 117, and standard deviation 18; thus 81 or below seen as cognitive impairment;

vi) Peer difficulties; eg: "not much liked by other children" or "tends to be solitary" (from Rutter scales);

vii) Conduct problems; eg: "often destroys own or others' property" or "is often disobedient" (from Rutter scales).

The results showed that, for example, 20.7% of the Romanian group were diagnosed as having DSM-IV (APA 2000) attachment disorders compared to 3.8% of the control group. There was little change between four to six years old in the mean level of disinhibited behaviour.

Overall the results showed significant differences between the Romanian adoptees and the control group on four domains of problem behaviour, and not on three of the domains (table 8.1).

DOMAIN OF PROBLEM BEHAVIOUR	RATE IN ROMANIAN ADOPTEES (%)	RATE IN WITHIN-UK ADOPTEES (%)
Attachment problems	20.7	3.8
Inattentive/overactive	25.3	9.6
Emotional difficulties*	3.7	9.6
"Quasi-autistic" features	12.1	0.0
Cognitive impairment	14.0	2.0
Peer difficulties*	18.9	9.6
Conduct problems*	8.0	9.6

(\* = not significant)

(After Rutter et al 2001)

Table 8.1 - Number of adoptees showing seven domains of problem behaviour at six years old.

Concerning age of adoption, 23.9% of the Romanian adoptees who came after their second birthday were without dysfunction, while 69.6% of those adopted before



six months old showed no problems (compared to 78% of control group) (table 8.2).

NUMBER OF DOMAINS WITH IMPAIRMENT	WITHIN -UK ADOPTEES	ROMANIAN ADOPTEES: AGE OF ENTRY INTO UK		
		less 6 mths	6-24 mths	24-42 mths
0	78.0	69.6	43.6	23.9
3 or more	8.0	5.4	20.0	21.7

(After Rutter et al 2001)

Table 8.2 - Percentages of children with impairments based on age of adoption.

O'Connor et al (2000) found that attachment disorder was associated with duration of deprivation, particularly in the first few months of life (7% of those adopted before six months old; 31% of those adopted at age 24-42 months). However, deprivation of greater than two years was not associated with severe attachment disorder in most of the children.

However, the later adopted children could have been "less appealing" to adopters because of some form of handicap, which could explain why such children were put up for adoption in Romania (Flanagan 1999).

Overall, there was no single pattern that characterised the Romanian adoptees, though three behaviours were common - attachment problems, inattention/overactivity, and "quasi-autistic" features (Rutter et al 2001).

Many of the Romanian adoptees did not have problems, and this is often overlooked. Rutter et al (2001) felt that the findings run counter to the view that "lasting damage is inevitable after prolonged early institutional privation".

#### OTHER STUDIES WITH ROMANIAN ORPHANS

Chisholm et al (1995) looked at Romanian orphans adopted by Canadian families. They found evidence of ambivalent attachments, and that the children were not easily calmed when distressed.

Smyke et al (2002) studied 94 Romanian toddlers in Bucharest in 1999. The children were divided into three groups:

i) 30 children living in a "standard" institution with one staff member to ten children on each shift;

ii) 31 children in a "pilot unit" in the same institution with four consistent caregivers for 10-12 children;

iii) 33 matched "never-institutionalised" toddlers.

There was a clear relationship between caregiver setting and attachment disorder behaviour (both inhibited and indiscriminate), but the indiscriminate was more common. The "pilot unit" was better for the children than the "standard", but not as good as the "never-institutionalised" group.

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## 9. THE CASE STUDY OF THE FORTY-FOUR JUVENILE THIEVES

John Bowlby is best known for his work on the effects of maternal deprivation in the early years on later development. His original work is known as the "Forty-Four Juvenile Thieves" study (Bowlby 1944a + b).

### FORTY-FOUR JUVENILE THIEVES - METHOD

This study is based around 44 "juvenile thieves" and 44 non-delinquent controls interviewed at the London Child Guidance Clinic between 1936 and 1939. Initially all children were interviewed with their mothers, where alive, and also given an intelligence test.

The "juvenile thieves" were classified into four groups of stealing based on frequency and duration of behaviour; eg: Grade IV = "persistent thievery over one or three years". Over half of the children (23) were rated as Grade IV compared to four children rated as Grade I ("single theft").

The ages ranged from five years to 16 years 11 months, and the majority (31) were boys. The non-delinquent control group were of similar age and intelligence, and had been referred to the clinic for reasons other than stealing.

### FINDINGS

Bowlby distinguished six character types among the sample:

- A. "Normal"
- B. (1) Depressed  
(2) Priggish - symptoms of anxiety or hysteria
- C. Circular - alternating depression and over-activity
- D. Hyperthymic - constantly over-active
- E. Affectionless - "characterised by lack of normal affection, shame or sense of responsibility"
- F. Schizoid - schizoid or schizophrenic symptoms.

The "affectionless" character (type E) was the most interesting - shown by 14 of the "juvenile thieves" and none of the control group (table 9.1). Furthermore, 13 of the fourteen were rated as Grade IV (most severe)

stealing.

CHARACTER TYPE	THIEVES	CONTROLS
A	2	3
B1	9	13
B2	0	8
C	2	1
D	13	0
E	14	0
F	4	9

(After Dixon 2003)

Table 9.1 - Number of "juvenile thieves" and controls by character type.

Bowlby wanted to find the cause of the behaviour of the "juvenile thieves". There was little evidence for genetic differences, as much as could be established at that time. Forty-four percent of each group had psychopathology among their parents or grandparents.

Bowlby was more interested in the early experiences, which became the basis of the "maternal deprivation hypothesis". In particular, prolonged separation from the mother, or "broken home", and negative emotional attitudes of the parent(s) towards their child.

i) "Broken home", or prolonged separation in the first five years of life due to mother's death, illness, or hospitalisation.

This type of event was evident in 40% (17) of the "juvenile thieves", and 2% of the controls, but in 85% (12/14) of the "affectionless" character type.

Bowlby had "little doubt that prolonged mother-child separations are associated to a high degree both with chronic delinquency in general and with certain types of chronic delinquency in particular" (1944b p110).

Bowlby illustrated this findings with the case of "Derek B", who got diphtheria at 18 months old. He was hospitalised for nine months, during which time his parents did not visit. On returning home, he acted like a "little stranger", preferred to be alone, and later showed problem behaviour at school. This is an example of the disruption of an existing attachment bond, which Bowlby saw as "pathogenic" (16).

ii) Negative emotional attitudes of parents towards

their child.

Bowlby noted that a large number of the sample did not have prolonged separation, but their problems (both stealing and otherwise in the control group) were caused by the parent(s)' behaviour. For example, the child being unwanted or disliked by the parent(s).

Mothers with "unbalanced" attitudes towards their children occurred in 76% (32/42) of controls, and 71% (17/24) of "juvenile thieves" not separated from their mothers. For example, "Fred B": "mother very anxious and critical, shouts and terrifies child".

Bowlby also found a number of other relationships between the early experiences and the character type:

- Ambivalent mother and/or recent trauma (eg: death of mother), and Depressed character;
- Ambivalent mother and Hyperthymic character.

Overall, the most striking pattern was the difference between Grade IV stealers and the other "juvenile thieves" and the controls. The former group were much more likely to have suffered prolonged separation from their mothers (table 9.2).

DEGREE OF STEALING	NUMBER	% SHOWING PROLONGED SEPARATION
Grade IV	23	61
Grade I,II,III	21	14
Controls	44	5

(After Dixon 2003)

Table 9.2 - Amount of prolonged separation from mothers based on degree of stealing.

Bowlby explained the relationship between severe stealing and the "affectionless" character type using psychoanalytic ideas.

The child feels rage from the separation with the parent, and this inhibits their ability to form relationships. This energy is directed into inflicting suffering on others, for example, in the form of stealing.

The lack of the mother stops the development of the superego, which could control such stealing behaviour. Furthermore, the child's rage is reflected on to themselves and the world, leading them to "expect nothing and to feel they deserve nothing" (Dixon 2003).

Thus indifference towards others, stops the disappoint of wanting something and not getting it - a

"policy of self-protection against the slings and arrows of their own turbulent feelings" (Bowlby 1944b p124).

"Forty-four juvenile thieves" is a clinical case study, which has both strengths and weaknesses (table 9.3).

#### STRENGTHS

- Builds up detailed picture of participants\*
- Not artificial
- Source of future hypotheses\*
- Useful for treating individual problems
- Helps to discover how past influences present\*
- Studying unusual may help with usual
- Outstanding cases can be studied
- Insight can be gained from one example
- Tentative support for theory or challenge orthodox view\*

#### WEAKNESSES

- Not possible to generalise findings\*
- Often depends on accuracy of memory of participants when interviewed\*
- Past events sometimes explained based on current state of mind\*
- Cause and effect not possible to establish\*
- Criteria for inclusion of information is subjective\*
- Situation and time bound
- Poor replicability\*
- Risk of biased observer\*
- Researcher may become too close to cases

(\* = particularly relevant to this study)

Table 9.3 - Advantages and disadvantages of the case study method.

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## 10. ASSISTED REPRODUCTION AND THE EFFECT ON THE OFFSPRING

"Advances in reproductive technology in the later part of the twentieth century have had a fundamental impact on the ways in which children may be related to their parents" (Golombok et al 2001).

With the development of these technologies ("assisted reproduction"), there are concerns about the effect upon the children (Golombok et al 2001):

- Stress of infertility could lead to parenting problems;
- Overprotection of the children by the parents;
- Unrealistic expectations of the children by the parents;
- Problems, like cognitive development, due to the assisted reproduction process.

There are a number of different reproductive technologies used:

- In vitro fertilisation (IVF) - The father's sperm and the mother's egg are fertilised in the laboratory and implanted in the mother's uterus;
- Embryo donation - As IVF but implanted into a non-genetically related woman. It is like adoption except it includes pregnancy and childbirth (Golombok et al 2001) <sup>4</sup>;
- Surrogacy - The fertilised egg from the biological parents is implanted in a third party for pregnancy and the newborn returned to the biological parents. This is full (non-genetic) surrogacy (or "contractual parenting"; Ciccarelli and Beckman 2005). Partial (genetic) surrogacy is used to cover IVF (Golombok, Murray et al 2004);
- Donor insemination - Sperm from a donor (usually anonymous) is injected into a woman when the male partner is infertile (or female; ie: lesbian);
- Egg donation - Eggs from a donor (usually anonymous) are implanted in the woman, and she is made pregnant in the normal way. It is used when the woman is infertile. Donor insemination and egg donation together are known as gamete donation.

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<sup>4</sup> Comparison with adoption is not a good one because adoption is more socially acceptable than some forms of assisted reproduction (Ciccarelli and Beckman 2005).



The genetic relationship between the child and the mother and the father varies depending upon the technique used (table 10.1).

TECHNIQUE	CHILD GENETIC RELATIONSHIP TO:	
	MOTHER	FATHER
IVF	yes	yes
Embryo donation	no	no
Surrogacy	yes	yes
Donor insemination	yes	no
Egg donation	no	yes

Table 10.1 - Genetic relationship between the child and the parents depending on reproductive technology used.

### In Vitro Fertilisation

Golombok et al(1995) studied 41 families with a child conceived through IVF, 55 matched adoptive families, and 43 families with a naturally conceived child when the children were aged 4-8 years old. Overall, there were no negative consequences for family interactions or child development of IVF. In fact, IVF families scored higher than the other groups on positive interactions (eg: mother's warmth towards the child).

Golombok et al (2001) reported a follow-up to this study when the children reached twelve years old. Thirty-four families with IVF, 49 adoptive and 38 naturally conceived were contacted <sup>5</sup>. Detailed home-based interviews were made with the mother (1-2 hours in length), the father (30-45 minutes), and the child (45-60 minutes). The focus was the parent-child relationships and the child's socio-emotional development.

Differences were found in the parent-child relationship with mothers (IVF and adoptive) who had experienced infertility being less sensitive in responding to the child as measured on the standardised structured interview used (table 10.2). It was the experience of infertility rather than the family type as there were few other differences found. The children conceived by IVF showed no differences to the other groups in their development.

### Gamete Donation

In donor insemination (DI) the genetic father is usually a stranger. Often there is family secrecy about

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<sup>5</sup> There were also forty-five families with a child conceived by donor insemination; Golombok et al (2002).

## STRENGTHS

1. Same interview for all participants allows comparison of results.
2. Easy to score and statistically analyse as forced-choice answers used.
3. Produces quantitative data.

## WEAKNESSES

1. Limited response options available. Researchers may overlook some response possibilities in their design of the interview.
2. Does not allow participants to expand upon their answer and give details with forced-choice answers.
3. Ignores meaning of behaviour (ie: qualitative data).

Table 10.2 - Strengths and weaknesses of using standardised structured interviews.

this and the child themselves may not know. The father in the home presented as the "biological father" is no more related to the child than a stepfather.

MacCallum et al (2002; quoted in Golombok et al 2002) found that only two of thirty-seven DI children had been told about their origins by age 12, but many parents had told non-family members.

Golombok et al (1995) performed the first detailed study of DI children in two-parent heterosexual families in terms of family interactions, and child development. The families (37 of them) were followed-up when the children were twelve years old along with 49 adoptive families and ninety-one families with a naturally conceived child (Golombok et al 2002).

DI mothers were found to show the most expressed warmth (eg: sympathy towards the child) and sensitive responding (ability to respond to child's needs). DI fathers were less likely to become involved in disputes with the children, but other data did not support the idea of distant fathers (eg: mother's report of father's involvement). The DI children themselves showed no differences to the other groups on socio-emotional development.

Golombok et al (2002) admitted two problems with their study:

i) The interviewers were not "blind" to the family type, but there was "no existing information about DI families with children reaching adolescence.. and thus the interviewers had no clear expectations of what they might find" (p965);

ii) The nature of the DI sample. Families were reluctant to take part in the research because of the concerns about secrecy. Using a representative sample from clinics in the UK, one-third of families refused to participate in the Golombok et al (1995) study.

Using a new sample, Golombok et al (2004) compared fifty DI and 51 egg donation (ED) families at one year-old with 80 naturally conceived families in the UK. From the detailed interview data, the picture again emerged that family relationships were more positive in gamete donation families than in naturally conceived ones. The authors concluded that "it seems from studies of gamete donation families that parents with a strong desire to have children develop good relations with them irrespective of the absence of a genetic bond" (p458).

In terms of telling other people and the children about their origins, there seemed to be greater openness than MacCallum et al found (table 10.3).

	DI FAMILIES	ED FAMILIES
Told other people	76	88
Planned to tell child	46	56
Uncertain about telling child	24	22

(After Golombok et al 2004)

Table 10.3 - Percentage of replies based on family type.

### Surrogacy

Full surrogacy produces problems not found with other types of reproductive technology (Golombok, Murray et al 2004):

- Concern by commissioning parents that surrogate mother will not relinquish the child;
- Maintaining the relationship with the surrogate mother and the pressure this places on the commissioning couple. It also depends whether the surrogate mother is a stranger, friend or relative;
- Commissioning parents' views on surrogacy (eg: "inferior route to parenthood");
- Whether both commissioning parents are fully in agreement of surrogacy;
- Feelings of infertile commissioning mother towards (younger) surrogate mother (eg: jealousy);

- Social attitudes towards surrogacy;
- Explaining the sudden appearance of a child without evidence of pregnancy;
- Confidence of commissioning parents about their parenting skills;
- Whether surrogate mother stays in contact with the family after the birth; for example, two-thirds of previously unknown surrogate mothers were in contact with the child at one year old in the UK study (Jadva et al 2003);
- Whether to tell the child at a later age about the surrogacy.

Golombok, Murray et al (2004) compared 42 surrogate families (26 partial/16 full) with fifty-one ED and 80 naturally conceived families at one year old <sup>6</sup>. Contrary to expectations, the surrogate families scored higher on measures of psychological well-being and adaptation to parenthood (eg: Parenting Stress Index; PSI/SF; Abidin 1990) including less stress and depression, and the family relationships were warmer than the other groups. A surrogacy arrangement involving a friend or relative was most positive.

## CONCLUSIONS

Overall it seems that children do not suffer in their development from being born as a result of assisted reproduction. In fact, there is evidence that they benefit in terms of better family relationships.

Ciccarelli and Beckman (2005) felt that "It seems likely that, from the child's perspective, the mechanisms of how a pregnancy was achieved would be a minimal psychological issue compared to whether one's birth mother chose not to keep the child".

Susan Golombok, who has been involved in much of the research in the UK, admitted that there has only been a small number of studies so far (Golombok, Murray et al 2004).

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<sup>6</sup> There were also 50 DI families in this study; Golombok et al (2004).

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