

INSTITUTE OF PSYCHOSEXUAL MEDICINE

NEWSLETTER

No. 14.

June, 1979.

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Hon. Editor

Dr R. Lincoln
"Idlehour"
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Dear Doctor,

In taking over the Editorial Role of this Newsletter, I know that Members of the Institute would like me to record our appreciation and gratitude to Dr Katharine Draper, who, as a member of the 'Old Guard', caused this publication to 'roll' and has continued to edit it for 13 editions.

I am diffident in following on as Editor after her excellent start but I was given the Initiation Ceremony over a Pub lunch and she passed on to me as much as possible of her expertise between the beer and sausages! - so, here goes.

Members of the Institute are scattered through the United Kingdom and this Newsletter is aimed to keep everyone in touch with the Institute's activities even though time and distance may prevent them from attending meetings.

The letters will be sent out quarterly and I would be grateful for any contributions from Members in the form of comments, criticisms, questions or case history clinical material.

As the Institute has now been formed for 4 years and there are so many new members who are unaware of its conception and gestation, I will ask Dr Blair to write a summary of its foundation and growth in a subsequent edition.

Doctors working in contraceptive clinics for the Family Planning Association originally initiated the development of seminar training. They experienced a need to understand sexual problems which presented in the course of a consultation for contraception. These seminars were led at first by Dr Michael Balint and then Dr Tom Main, both psychoanalysts. They were run under the umbrella of the F.P.A. and many doctors were trained in the understanding of Psychosexual problems by use of the Doctor/Patient relationship. The purpose of the training was to enable doctors to make their work in advisory contraceptive clinics more effective. Gradually some doctors with a special interest and aptitude emerged, and were appointed to specialist psychosexual problem sessions, to which patients with the more difficult problems could be referred. When Family Planning Clinics were integrated into the National Health Service and the F.P.A. was no longer to play a clinical role, a need arose for an organisation to arrange and monitor teaching in Psychosexual Medicine, and to be a guardian of standards. From this need the Institute was developed by several of the original seminar doctors who included Dr Tom Main, Dr Margaret Blair, Dr Sylvia Dawkins, Dr Jean Pasmore, Dr Prudence Tunnadine, Dr Fay Hutchinson and Mrs Nancy Raphael. Thereafter the infant has grown to its present stature and numbers 213 members and subscribers and 44 associates. A register of all their names and addresses is held by the Registrar. Great Oaks from little acorns grow!

Members who need information or advice from the Officers of the Institute should address their queries direct to the appropriate officer:

Secretary - Dr Margaret Blair

Training Director - Dr Prudence Tunnadine.

Programme Secretary - Dr I. C. Barne

Publication Secretary - Miss V. Thompson

Treasurer - Dr Fay Hutchinson

Registration - Dr Elizabeth Deman

Panel Secretary - Dr C. Butcher

Referral Secretary - Dr H. Backer

Notice from the Secretary

Cheltenham Meetings - Members are reminded that Institute Meetings are 'closed' so that the Cheltenham Meetings may only be attended by members, associates and subscribers. Guests will be welcome at the dinner.

Officers Responsibilities. As the Officers of the Institute have proliferated there has been some confusion about their individual responsibilities. It is very helpful if requests can be made to the correct officer, so I have summarised their duties:

1. Director of Training : The director of training is responsible for the organisation of seminars and any requests for training should be made to:
Dr P. Tunnadine. 111 Harley Street, London W1.
2. Registrar : The registrar is responsible for keeping the Register of members and associates up to date, and also for keeping a record of those in training. Any application for membership should be sent to:
Dr E. Deman. 20 Beaumont Street, London. W1N 1FF.
Leader doctors are reminded to send a list of doctors in their seminar(s) to Dr Deman.
3. The Treasurer : The treasurer manages the funds of the Institute; subscriptions, bankers orders and covenants should be sent to:
Dr F. Hutchinson. 45 Mornington Road, Woodford Green, Essex.
4. The Editor : The editor is responsible for the publication of the Newsletter and is always pleased to receive articles or letters.
Dr R. Lincoln. 67 Yarmouth Road, Thorpe, Norwich, Norfolk.
5. The Panel Secretary : The panel secretary arranges for the meeting of a Panel when there are candidates applying for accreditation. Those who wish to appear before the panel should write to:
Dr Carol Morrow. 59, Wimpole Street, London. W1.
6. Programme Secretary : The programme secretary arranges the scientific meetings of the Institute and any suggestions for topics should be sent to:
Dr I. Barne. 37 Beconsfield Road, London. SE3 7LG.
7. Referral Secretary : The referral secretary deals with correspondence from patients asking for help with psychosexual difficulties.
Dr H. Backer. 1, The Parade, Whitchurch, Cardiff.
8. The Publications Editor : The publications editor is responsible for the transcripts of the weekend meetings and also the collection of papers published by members. Any member who has a paper published is asked to send a copy or report to:
Miss Valerie Thompson. 81 Harley Street, London. W1.
9. The Secretary : The correspondence not falling into the above categories, as well as the arrangement of the Annual General, Council and Executive Meetings, is undertaken by the secretary :
Dr Katharine Draper. 29 High Street, Chipstead, Sevenoaks, Kent.

Future Meetings of the Institute :

1. Symposium to be held at Golden Valley Hotel, Cheltenham, on 6th and 7th October. The programme includes speakers on Psychosexual Problems revealed during consultation requesting Sterilization; Prospective Study in the Treatment of Non - Consummation; Psychosexual Problems in the Post Partum Period.
2. London Winter Meeting to be held in the Marcus Beck Library, Royal Society of Medicine on Friday, 7th December. Subject to be arranged.

TRAINING : Advanced Seminars

The advanced training programme in London will be reconvened in the Autumn Term. A limited number of vacancies may occur in the following existing groups, and a new group will be formed meeting in the Cassel Hospital and led by Dr Jean Pasmore if there is sufficient demand.

Any doctors still on the waiting list are asked to get in touch with the director of training as soon as possible, stating the days they could not come.

Existing groups with possible vacancies are:

- Dr Main's at West London Hospital, Thursday afternoons
- Dr Main's at Sharpethorne Sussex, Friday afternoons
- Dr Tunnadine's at Middlesex Hospital, Wednesday mornings
- Dr Tunnadine's at Bromley Kent, Thursday 5 - 7 p.m.
- Dr Blair's group at Alton Hants, Wednesday afternoons.

Research Seminars :

The director of training would also like to hear from senior members who would like to join a sophisticated research seminar if further such could be formed; and from those who had a project or topic for such a seminar. In the origins of this work all seminars combined research and training; the training method should at its best have research inseparably built into it, since its object is that doctors should be able to make their own original clinical observations from the insights so acquired. The senior "think tank" seminars led by Dr Main have tended to be formed by invitation to doctors with known interest, but it would be a pity if this formula excluded members who have ideas, but are waiting to be asked. As in all seminars, the right of selection is ultimately with the leader, but the director will be happy to attempt to respond to any local initiative if such new groups were requested.

Other Meetings :

1. N.A.F.P.F. - Annual Symposium - Golden Valley Hotel, Cheltenham. 4 & 5 October.
2. The British Psychoanalytical Society:
 - 2nd June. "A Psychoanalytical view of some Aspects of Child Abuse."
 - 30th June. "Meeting the Problems of Unfulfilled Pregnancy."

These lectures will take place at 63 New Cavendish Street, London, starting at 9.30 - 12.30 and 2.00 - 5.00 and the fee for the day is £12 including morning coffee and afternoon tea. Admission is by ticket only and these should be applied for to the Hon. Secretary, Public Lectures Committee, The Institute of Psycho-Analysis at the above address. Cheques payable to Institute of Psycho-Analysis.

Council News:

A detailed report of the Annual General Meeting is appended as is also the report of the Director of Training for the Institute - Dr P. Tunnadine.

General Practitioners Symposium at Stoke Mandeville Hospital. Three of our members were asked to speak at this meeting as a result of the recent articles published in Mimms Magazine:

- Dr Ruth Skrine spoke on the Approach to Sexual Problems in General Practice.
- Dr Katharine Draper spoke on Female Sexual Problems
- Dr Rosemarie Lincoln spoke on Male Sexual Problems

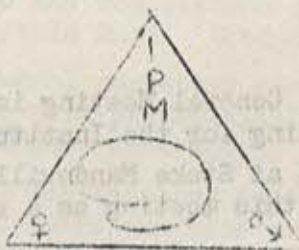
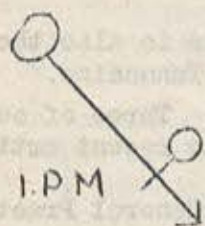
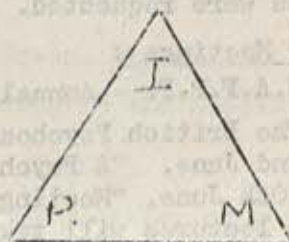
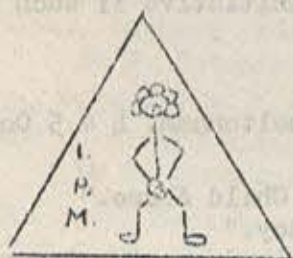
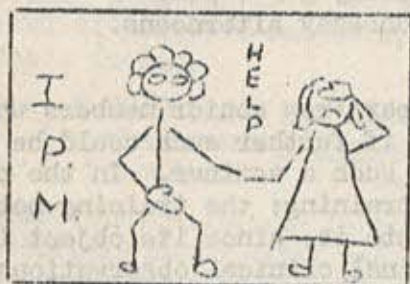
Publications : "Contraception and Sexual Life - a therapeutic approach."
Tunnadine forwarded by Main.

This paperback, naive though it now seems since none of the Institute work since 1970 is included, nevertheless remains so far the only descriptive introduction to our approach. Since it has been out of print there has remained a limited demand from new Institute or family planning trainees and those of us who give lectures on the work. The Institute has therefore decided to help finance a limited reprint to retail at £1.50. These will soon be available and can be obtained at the Cheltenham meeting or by post from the author at 111 Harley Street, London. W1N 1DG (plus 25p. P & P.)

Symbolism and fantasy are in the nature of the work of the Institute and in editing this Newsletter I thought that it might be a good idea if we had a symbol for the letter.

Below are a few possible designs for such a symbol, some being more fantastical than others! I would welcome other designs and your comments as to which might be the appropriate to use.

Are there any frustrated artists amongst you?



This is being written on a sun-drenched balcony in Malta in an effort to meet the Deadline, and so, in conclusion, may I repeat the request for your news and views, because without them, your Newsletter can have only fact and no fantasy.

Yours sincerely,

Rosemarie Lincoln

ROSEMARIE D. LINCOLN

Reports Of Meetings

1. Royal Society of Medicine (Gynaecological and Obstetric Division.)
Speakers: Dr Tom Main, Dr Robert Shields, Dr Goodman.
A Report from Dr Rena Sampson follows.

2. Annual General Meeting of the Institute of Psychosexual Medicine.

Dr Tom Main spoke on Ocnophilia and Philobatics in Psychosexual Medicine. This lecture provocatively explored the relevance of the need to cling and the expression of more adventurous attitudes in understanding Psychosexual Medicine.

A full report will follow in the next Newsletter because the Fishing Season precludes it being available in time for going to press this time!

1. Report of Meeting of the Obstetric and Gynaecological Division of the Royal Society of Medicine on Friday, 23rd February at 8.15 p.m.

In the Chair: Professor Morris, Professor of Obstetrics and Gynaecology at Charing Cross Hospital.

The first speaker on "Female Sexuality" was introduced.

Dr Tom Main - an authority on female sexuality, President of the Institute of Psychosexual Medicine. Psychiatrist at Cassel Hospital.

Dr Main stressed the need to talk loosely on this difficult subject. If there were 10 females in the audience, there would be ten views, all expert. Women may be self-yielding, passive, accommodating but, on the other hand, she can think for herself, take power and control. She may be keen on children and motherly, or not obsessed with children but more interested in men. She may be obsessed with men.

The importance of 'id' was discussed and George Roddick's 'Book of the id' was recommended. The 'id' drives us on in directions we may not want to go. The child is loved by the id after birth and as a result acts in certain ways. The female child is born as such and has no choice. This may offend until the end of its days, with longings to be part of the opposite sex. It may be an unalterable regret. A small 2½ year old girl is often heard to announce - "Today I am a boy!" - for one day - a holiday.

As she grows up she relinquishes this hope or may resign herself to it with statements such as: 'Men have the best of it', 'It's a man's world', 'Women are down trodden', 'Men only want one thing' - or, perhaps 'Men only want one thing - Thank God'.

There is some evidence that infant girls feel differently from little boys. Vaginal contractions are known to occur, but their significance is unclear. By one year of age she has found pleasure in her genitalia. As she gains some independence and sexual curiosity appears, she may question mother's activities which may be a source of jealousy and discontent. At this stage the pleasure obtained is non-orgasmic and she still clings to her mother.

At 3½ years she is more knowing and content that she is a girl. If she adores both parents all is well. If she prefers her father she will want to get rid of her rival. Hence the Oedipal situation. Some girls never get over it and stay unmarried because of their guilt in 'killing-off' their mother. Others may marry much older men - like their father. The guilt in the conflict hinders her from enjoying her own sexuality. Later she wants very much to be like mother and make babies. She too wants the seed from father. If this feeling persists into adult life, she may wish to give away her baby, as she shouldn't be having the baby - it belongs to mother.

The absence of a penis which can be seen and admired, may give rise to penis envy with the inability to accept the female role in sex and in society. If life has been difficult in certain respects, one of two attitudes may be assumed.

- 1) Not my fault, but society's, irresponsible and paranoid feelings, or
- 2) It's my own fault, I am responsible for my own actions. The latter has a better prognosis.

The development of breasts, hips, menstruation, pubic hairs etc. may produce feelings of shame, disgust and inhibition. On the other hand the mature woman triumphs in her femininity. Menstruation contributes to a lifetime of training in the acceptance of mess because there is no choice about the passage of blood every month, for many years. She also knows that each month an egg is available for fertilization. Some women may even go into mourning each month for the wasted egg.

Men do not have the training in accepting loss, pain, smell, mess and sleeplessness etc., Sexually, women, who have no penis, have to be passive. Some women want or have to be active, wishing they were men, and then are happily receptive. Pregnancy is also a passive inevitability and some women greatly resent the passivity of the progress of pregnancy and labour. The same may occur with lactation. There has to be an ability to accept dependence.

A question asked is "What happens to a woman's mind?" She learns that she is a woman and must like it. A different kind of thinking. Women may have a wish to show off their intellectual capacities, but instead show off their bodies. They can accept pain, dirt, messiness and they are soppy, soft and wet, like the vagina in the sexual act.

In maturity, to enjoy being a woman they have to be independent enough to be innocent, naive, unclever and even silly!

Dr Robert Shields. Educationalist and Psychotherapist spoke on Male Sexual Dysfunction.

This lecture was given as the 1977 Jennifer Hallam Memorial Lecture at the Royal College of Physicians, and reprinted in the Wyeth Symposium of Current Fertility Control - November, 1977.

The third speaker was Dr Goodman from Salford, working in the psychosexual field, in general practice, hospital practice, special psychosexual clinics and and a consultation for the media. He spoke with great liveliness and enthusiasm, but the sincerity and real feelings for the patients' problems was evident throughout. He described patients referred from G.P.s, Marriage Guidance and Psychiatrists and General Physicians. He stressed repeatedly the importance of listening to the patient. For example, a man with a 9 year history of premature ejaculation admitted to never thrusting during sexual intercourse, only when masturbating. No love was evident in his parents' marriage and his mother complained all her life of a bad back..... ? due to thrusting.

From a Family Planning Clinic the woman who refuses to have a smear when oral contraception was commenced. Careful and sensitive listening indicated shame and fear of genital abnormality caused by masturbation in early life. Physical causes to sexual dysfunction should always be excluded and in hospital practice always check blood pressure, urine and full blood count. In men, diabetes, hypertension and the effect of drugs on sexual dysfunction must be recognised. Certain men showed great anxiety about the penis, equating size with virility and vice versa. Handicapped people should be sensitively dealt with. Problems may exist with the design of beds, locks and doors and the need for privacy. The use of Masters and Johnsons methods were mentioned and we do not have the sophisticated facilities nor the availability of couples willing to spend 2 weeks carrying out the behavioural therapy recommended by them. The important thing is to apply common sense when using their methods and the importance of again listening to the patient.

Patients may be referred from gynaecology clinics with menopausal problems. Hormone replacement therapy may not be the answer as sexual problems of long standing may exist. Myxoedema, diabetes and depression, as well as schizophrenia, must be excluded. In very few cases, drugs which he found helpful were Potensan Forte and IM Androgens.

Questions and Comments were then invited from the audience.

The speaker mentioned the difficulty in judging success, no treatment may be given and men with premature ejaculation often improve on their own.

Dr John Studd stressed the importance of hormone profiles and the need to administer the appropriate drug therapy, by mouth, injection or implant.

80% of women with severe post-menopausal symptoms such as depression, vaginal dryness and lack of libido, improve with hormones. Often symptoms are not commensurate with hormonal levels.

A member of the audience described at some length the treatment of psychosexual dysfunction employing S.A.R. - Sex Attitude Reconstruction. Like other learning processes he stated sexual techniques need to be taught. Films in all aspects of sexuality are available and weekend encounter-like groups are arranged to teach and treat in this behavioural way.

Dr Wendy Savage had attended such a course and stated that although initially titillating, she found the films and the methods described totally inadequate for use in the patients seeking help. No recognition of individual feelings and emotions were taken into consideration. A satisfying sex life cannot be achieved by only knowing what to do. She also thanked Dr Main for drawing her attention in his lecture to the fact that women, during their development, were able to accept pain, dirtyness and messiness and this explained the inability for most men to change their childrens' soiled napkins.

Sex education in children was touched upon and the consensus was that in a well-adjusted happy family with responsible parents, no real teaching was required. These parents may understand what children want to know and at what age, as children differ in their maturity. The need for information about the opposite sex was evident when talking to adolescents.

The meeting ended after an extension of time with thanks to the three stimulating and interesting speakers.
