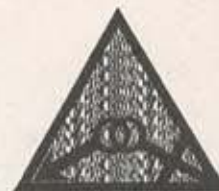


Institute of Psychosexual Medicine



President: Dr Tom Main
Treasurer: Dr F Hutchinson

Secretary: Dr K Draper
Editor: Dr R Lincoln

Newsletter No 16
February 1980

Dear Colleagues

The Council members are very anxious that you should not overlook the Notices of Meetings of the Institute including the AGM in March. The dates of meetings are listed overleaf on the pink paper to differentiate them from the rest of the letter. The agenda for the AGM is enclosed also.

Dr Carol Stuart Morrow has been negotiating on your behalf for the trip to Hawaii for the 5th Conference of Family Planning, Venerology and Human Sexuality. Details of this are included later in the Newsletter.

Your change of address and correction slips have been arriving steadily and a new register is being compiled. Will you please be sure that you have actually posted yours to us before we make errors in the new register. We have been amazed how some of you have ever received your Newsletters because the details were totally wrong! Dr Margaret Blair, as promised, has sent us her article on the Roots of the Institute with over 285 members and associates, working in the British Isles and as far afield as Australia, India, Canada and Saudi Arabia. Seminar training is in progress in 17 Basic and 9 Advanced Groups - there being 25 Leader doctors and 9 Advanced Leaders appointed by the Institute.

Associate Membership is open to doctors working in the field of Psychosexual Medicine, but full membership is only awarded to those accredited by the panel. A detailed copy of the training regulations has been included for those newer Associates unfamiliar with them. The training of the Institute teaches us to be 'humble co-workers' with our patients, but I think we sometimes overlook the need to value our work and contribution to the field of sexual medicine and we are diffident to present ourselves to the Panel for accreditation. Can we understand this and take some action?

In order to increase the awareness of the Medical Profession, and others to the qualification of Institute Membership, perhaps you would be sure to add this to your entry into the Medical Directory or any other similar publication.

The British Journal of Family Planning is now being published as one of the Specialist Journals of the British Medical Journal and its first edition in its new form will carry an article about the Institute "Roots and Shoots".

You will notice I have provisionally chosen a symbol for the Newsletter and hope that is acceptable. Thank you very much all contributing artists. An amusing dissident writes to us in the correspondence section!

Yours sincerely

Rosemarie D. Lincoln

I. FUTURE MEETINGS OF THE INSTITUTE

Annual General Meeting This is to be held at 4.15 on Friday, 28 March 1980 in the Marcus Beck Library, Royal Society of Medicine. The meeting will be followed by "Defence against Pregnancy" and the speakers will be Drs Margaret Blair and Geraldine Howard. Those members wishing to stay for Dinner should book in advance by ringing the RSM Restaurant (01-580 2070).

Residential Weekend Meeting This is to be held at York University on 13 and 14 September 1980.

NOTICES OF OTHER MEETINGS

1. 5th International Conference on Venereal Disease, Family Planning and Human Sexuality to be held from 24 June - 1 July 1980 in Honolulu at the Hawaiian Hilton.

Conference Theme - Planning for the Future

Objectives To provide an academic forum for assessment of information about VD, Family Planning and Sexuality and for the discussion of unsolved problems and controversies in these fields.

To bring together a group of health professionals for an intensive exchange of ideas.

To publish edited proceedings of the symposium.

Provisional Programme

Tuesday 24 June	Greetings and Registration.
Wednesday 25 June	Workshops and Papers. Pharmacy Education Workshop. Worldwide Family Planning - Malcolm Potts.
Thursday 26 June	Developmental Sexuality Workshop. "Thank God for Sex" - Dr Marjorie Da Costa. Workshop on the Sex Game.
Friday 27 June	Counselling Gonorrhoea Patients. Sex Education. Theoretical Analysis of Sexual Behaviour - Dr Ivan Nye.
Saturday 28 June	Self-help Group Workshop. Workshop for males only in Sexuality. Institute of Psychosexual Medicine - a demonstration of their work.

Conference Registration Fee 125 Dollars. Cheques payable to Research Associates, Box 50, RRI Torbay, Newfoundland, Canada, AOA 3Z0.

2. 6th International Congress for Psychosomatic Obstetrics and Gynaecology 2 - 6 September 1980 to be held in West Berlin. Details are enclosed.

3. 5th World Congress on Medical Sexology will take place in Jerusalem in June 1981.

2nd International Congress of Andrology will take place in Tel Aviv in June 1981.

Mr G R Gruner, Director of Express Boyd Limited is interested in providing group travel arrangements.

On 23 January 1974 Drs Main, Dawkins, Pasmore, Tunnadine, Hutchinson and Blair met at Dr Main's house. This meeting was arranged to discuss the situation that had arisen in the FPA in general and in particular in relation to doctors training in psychosexual work. Although the FPA had been responsible for psychosexual training in the past it was felt that the time had come to set up a medical "body" to arrange and supervise training, to keep up standards and to provide some support for doctors already trained. It was felt that although the Balint Society, or the Cassel-Main Institute could probably do this they would not necessarily be known and accepted by all those concerned, and so it was decided to set up a separate organisation to be known as the Medical Psychosexual Society.

A steering committee was formed consisting of those present at the first meeting. The steering committee met every few weeks and gradually evolved a constitution. Dr Stephen Pasmore helped with this, using the experience he had gained from the formation of the Balint Society. Mr Raphael, who had been chairman of the TPSP of the FPA had resigned that office and offered financial support, which included the transfer of the Monkton Fund money to the Society. It was decided to ask her to join the Steering Committee.

An inaugural meeting was arranged and this was held at the Royal Society of Medicine on 18 June 1974. All doctors on the FPA psychosexual training list were contacted, 160 of them were interested. At the inaugural meeting the following decisions were made:

1. The Society should be formed.
2. The Steering Committee should carry on and make proposals for a Constitution.
3. The name of the Society should be reconsidered.
4. Drs Tisdall, Marshall, Naismith and Gregson were co-opted to the Steering Committee.

The Steering Committee continued to meet and work on arrangements for training, and on the constitution but were always dissatisfied with the name "The Medical Psychosexual Society" and at the next General Meeting in November 1974 the name was changed to "The Institute of Psychosexual Medicine".

By this time the Secretary, Treasurer, Training Secretary and Editor had been appointed from members of the Steering Committee.

Investigations revealed that it would be to our advantage to become a Registered Charity - the advantage being:

1. Money can be raised from trusts.
2. Subscriptions may be made by covenant.
3. There is no tax on donations and bequests.
4. Income is tax free.
5. Premises are taxed at half rate.

The preparations for becoming a Registered Charity continued, with the help of a lawyer, Mr Tosh. Mr Raphael and Dr Stephen Pasmore were appointed as trustees. Vice presidents were appointed - Professor Norman Morris, Dr Robert Gosling and Dr James Carne - representatives of the Royal College of Obstetrics and Gynaecology, Psychiatry and General Practitioners.

Mr Raphael arranged for the Monkton money to be transferred to the Institute, to be used as it had been used in the past by the FPA for secretarial expenses and for long distance fares for doctors attending advanced seminars.

The Institute continued to expand and the first Annual General Meeting was held on 19 March 1976. At this, the Steering Committee became the first Council.

III. THE INSTITUTE OF PSYCHOSEXUAL MEDICINE TODAY

Constitution

Aim of the Institute: To be a learned body for the promotion of psychosexual medicine through seminar training.

Objects of the Institute:

1. To run training schemes.
2. To ensure the maintenance of standards.
3. To appoint trainers.
4. To gain recognition of certificate from the Royal College of Obstetricians and Gynaecologists and General Practitioners.
5. To hold meetings and council for Postgraduate Medical Education.
6. To organise research.
7. To publish a news sheet or journal.

Membership: Applications for membership and associate membership shall be approved by the council and membership shall be limited to medical practitioners.

Minutes of 3rd AGM - 3 March 1978

The Constitution is amended as follows:

- "1. Associates Doctors who have been in training in an accredited seminar for at least 2 terms, but who have not yet been passed by the panel. Associate Members can attend business meetings but must not be allowed to vote.
2. Members Doctors who have been passed by the panel and paid the membership fee and thereafter an annual membership fee (but all present members of the Institute to remain as members, whether they have been passed by the panel or not).
3. Subscribers Doctors working in the field of psychosexual medicine who apply to the Institute and are accepted by the Council although they have not had the formal Institute training. Subscribers can attend meetings, but must not be allowed to vote.
4. Honorary Members Those distinguished for their work in the field of psychosexual medicine who have been invited by the Council to become honorary members."

Management: The affairs of the Institute shall be managed by the Council.

IV. TRAINING

A report from the Director of Training, Dr Prudence Tunnadine.

a. Vacancies

There are a few vacancies in the advanced group led by Dr Tom Main at Guildford on alternate Wednesday afternoons.

Basic training groups with vacancies: London (Middlesex Hospital), Plymouth, Pontefract, Norwich, Nottingham, Swansea, Maidstone.

New groups may be formed if there is sufficient demand in Bath, Glasgow, Leicester and/or Stafford, Sleaford.

Applications to Dr P Tunnadine please at 111 Harley Street, W1N 1DG.

b. Applications are invited from accredited members of the Institute to run a weekly Psychosexual Clinic at 33 St James Road, West Croydon. This will be held on Wednesdays, with appointments made between 1.30-3.00 pm inclusive. The current sessional rate is £21.60.

Please contact Dr P Richards, Community Medicine, Room 301, Taberner House, Park Lane, Croydon, CR9 3BT.
Telephone: 01-686 4433, extension 2126.

c. DHSS

I now await not only hopefully but confidently the DHSS grant to aid the nationwide training of trainers. I have also been asked to attend with 2 colleagues an informal exploratory meeting to discuss standards and training in our field at the Elephant, with representatives of other organisations in counselling.

V. REGULATIONS FOR TRAINING AND QUALIFICATION

Content and form of training

Institute seminars involve in-service on-going case discussion of doctors' clinical dealings with patients in the course of their normal surgery, outpatients or clinic practice, led by an accredited leader. The cases discussed will vary therefore according to the patients the doctors meet, but will be confined to the diagnosis and treatment of sexual difficulties presented, overtly or in the guise of other symptoms, to doctors in such settings. Doctors thus usually include family planning doctors, general practitioners, gynaecologists, venereologists and psychiatrists. The case material presented usually includes contraceptive problems, gynaecological problems with a psychosomatic element, nonconsummation, frigidity, orgasm difficulties, requests for abortion or vasectomy, premature ejaculation and non-ejaculation and varieties of impotence.

The seminars normally meet fortnightly in academic terms of 6 meetings for 2 hours. At the end of a 2 year basic training course most suitable doctors will have acquired enough skill to diagnose such problems and make some approach to dealing with them in the course of their normal work. They will be aware of which cases require further or different treatment. Suitable doctors who have discovered

in themselves sufficient interest and aptitude to wish to specialise in this field may be recommended by their leader for advanced training in further seminars, on completion of which they may offer themselves for examination by panel. As a result of this, if successful, they will be awarded the Institute's Certificate of Competence in Psychosexual Medicine. A doctor so qualified would be competent to accept referrals from other practitioners and agencies.

Finance

The Institute is a professional body existing at present on the subscriptions of its members alone, and has no premises or administrative paid staff. Nor does it at present make any overhead charge for organising and administering the seminars.

Seminars are, therefore, expected to be self-supporting financially. This may be achieved in various ways, but the necessary costs will include the leader's sessional fee (£100 per term of 6 sessions at present 1976 for basic training, £144 for advanced training) and his/her travelling expenses where applicable; plus the cost of the meeting place if applicable. The cost to individual members in a seminar not otherwise financed will therefore depend on the number of members, who are expected to commit themselves to paying termly in advance. The normal membership will be between 10-12, requiring a fee of approximately £10 per term per doctor (basic) and £12-15 (advanced).

In some areas Area Health Authorities finance the seminars themselves; in others The Postgraduate Medical Federation accepts the training for Section 63 (for General Practitioners). Most individual doctors who have to pay for themselves find it possible to claim their expenses against Income Tax, since these inservice courses are directly related to their work in the field of family planning and to the maintenance of their skills in that field.

Seminar Regulations

1. Basic Training Seminars (Intended as an introductory course to the use of psychosomatic understanding in everyday medical practice).
 - a. Each new seminar must have the approval of the Training Committee.
 - b. The accredited membership of the seminar will consist of registered medical practitioners.
 - c. The leader has the right and obligation of selection of seminar members.
 - d. Basic training seminars will run for at least 2 years.
 - e. The seminar must be led by a leader accredited by the Training Committee.
2. Advanced Training Seminars (Intended as in-service vocational training courses for doctors wishing to specialise in the psychosomatic treatment of sexual difficulties).
 - a. Every new Advanced Seminar must have the approval of the Training Committee.
 - b. The accredited membership will normally consist of doctors who have both completed their basic training and have the recommendation of their Basic Training Leader.

- c. The Advanced Seminar must be led by an accredited Advanced Leader.
- d. The Advanced Leader has the right and obligation of selection of members.
- e. The Advanced Seminar will normally run for at least one year.

Qualification

There is no time limit for Advanced Training. Completion of Advanced Training will be assessed as follows:

- i. The Advanced Leader will recommend the candidate for interview and assessment by an independent panel of examiners.
- ii. As a result of their assessment the panel may recommend that the candidate be accredited by the Council as fit for specialist work in the field of psychosexual medicine.
- iii. The Institute will issue a Certificate of Competence in Psychosexual Medicine to successful candidates.

Criteria by which the panel may assess competence for qualification for specialist clinical work.

- i. Ability to understand vaginal examination as a psychosomatic event and to use these findings therapeutically.
- ii. Ability to understand the contribution of both doctor and patient to the doctor-patient relation.
- iii. Sensitivity to unconscious elements in the patients' communications.
- iv. Perception of the doctors' own individual strengths and weaknesses as clinicians.
- v. Ability to select cases appropriate to this approach and to recognise unsuitable cases, such as those with deep seated pathology or personality disorders, and those who cannot use interpretive therapy.
- vi. Some knowledge of the psychodynamics of emotional development.

The Examining Panel will consist of:

- 1. A psychoanalyst with relevant experience (see leaders' qualifications). and/or
- 2. An accredited Advanced Leader. plus
- 3. An accredited Basic Training Leader. and
- 4. A specialist accredited by the Institute in psychosexual medicine.

Training, Qualification and Accreditation of Leaders

The Institute seminar leaders must normally be:

- a. A qualified member of the Institute with special aptitude and training in group leadership techniques.
- or
- b. A qualified worker in an allied psycho-analytically oriented field, with experience both of group leadership techniques on the Balint-Main model and of psychosexual medicine.

Leaders 'a' may acquire accreditation as follows:

- i. by acting as co-leader to an accredited leader until deemed competent by the Training Committee and also recommended by the supervising leader to work independently.

and/or

- ii. by attending the Leaders Workshop for criticism and supervision on their leadership techniques until deemed competent by the Training Committee on the evidence of their skills as presented at the Workshop.

Leaders 'b' may acquire accreditation as follows:

- i. by attending an Institute seminar led by an accredited Advanced Leader until sufficiently familiar with the special nature of psychosexual medicine to satisfy the Training Committee on the recommendation of the Advanced Leader

and/or

- ii. by attending the Leaders Workshop and satisfying the Training Committee as with Leaders (a) above.

Accreditation of leaders by the Council, on the recommendation of the Training Committee and their supervisory leaders, will be assessed on the following skills:-

- i. to provide a model of human behaviour within a group to do with listening, understanding and meaningful intervention, aimed at freeing the members to perceive and express their own insights.
- ii. to know the difference between a training and a therapeutic group and to confine group discussion to the needs of the former.
- iii. to recognise factors which prevent the group from working and to free and enable the group to work again.
- iv. to attend to the following:- how does the patient being reported conduct his/her life and deal with the reporting doctor; how does the reporting doctor deal with the patient; how does the group respond to doctor and patient; how does the reporting doctor relate to the leader and the rest of the group; how does the group relate to the leader.
- v. the leader must be capable of recognising group excitement and depression, collusive flight and distress and understand how these are related to the clinical material. The strengths, weaknesses and blind spots of individual members must be assessed and the leader must develop skill in focussing the groups awareness on the doctor-patient relation.

VI. REPORTS OF MEETINGS

- a. "Working with the Handicapped and those who care for them", held at the Royal Society of Medicine.

On Friday, 7 December 1979, Dr Fay Hutchinson addressed a meeting of the Institute of Psychosexual Medicine on the subject of the problems encountered in the counselling of handicapped people. She introduced her paper by emphasising the great changes in attitudes towards handicapped people and their sexuality during the last 7 or 8 years, from a taboo subject to a matter of considerable public and professional interest. Adequate birth control measures have made

this breakthrough possible, coupled with the greater stress laid on actually listening to the handicapped themselves. There is, indeed, the danger of an evangelical cause developing, in the attempt to force a mean standard of sex on everyone, since sex is the "in thing".

The sadness of this approach was illustrated by the case of an unhappy 39 year old woman who was recently divorced. Her husband had multiple sclerosis, and had become obsessed by his failing sexual potency, using artificial aids to keep sex active. It was this that she felt unable to cope with.

Can an Institute training help in dealing with such patients? In scientific and medical papers, people are so often classified by their handicap. Our training should help in the important task of seeing them as people - with handicap added.

Three very vivid case histories were presented for discussion, all blind young women presenting for birth control.

The first, Jane, was a 24 year old "lumpy" redhead. She had a very unenthusiastic response to sex, as if it was something that she ought to do. On examination, she was anxious and had vaginismus, and the doctor was moved to keep contact with her by holding her hand. She was very tentative in her self examination. She lived in a not very private hostel, and gave absolutely no impression of her boyfriend. At her next visit, she had managed self examination, but it gave her no pleasure, and her relationship was not successful - it seemed as if she was being used. On reflection, the doctor wondered why she had not given more attention, and realised how undemanding Jane had been.

The second patient, Valerie, was a telephonist. She wore make-up, had a guide dog, and one forgot her blindness. She had a sighted husband, who was a carpenter. She liked to be involved in her physical examination, and impressed the clinic staff with her competence and confidence. Just after her marriage, she went through a bad patch - Dr Hutchinson put it to her that she needed to allow someone to look after her, and she admitted that she had been trying to avoid this. Things improved following that visit.

The third patient, Penny, a 31 year old qualified teacher, had been known to Dr Hutchinson for 4 years. She was always jolly and in a pickle. Penny described her parents as over-protective and dominating. She used a diaphragm, refusing the pill because she was so disorganised. Later, she had a progestasert IUCD inserted. During the interview, Dr Hutchinson was struck with how uninhibited she was while conducting her self examination, unaware as she was of the doctor seeing her. Sadly, the relationship with her boyfriend ended, and this was followed by an accident that left her with bad facial and neck burns.

Penny met another boyfriend - an inexperienced young man whom she very much enjoyed initiating. She "ate him up". It was very upsetting for both doctor and patient when this boyfriend went off with another blind girl.

With the next relationship, Penny became pregnant, using a cap for birth control. She was quite distraught, and needed a lot of counselling to help her make the decision to have a termination. She desperately wanted a baby, but the boyfriend would not make any commitment. As a result, she was very sad afterwards. Dr Hutchinson felt terribly sorry for her, more so because of her blindness, and talked with her about her state of blindness. Penny was too ready for sex, since it was something she felt she had to offer.

After these very moving accounts, there was a lengthy discussion about our attitudes to these 3 girls, and about the way in which their blindness might affect the transference. Dr Main recalled the mouth-hand-eye progression in infant development, and the extreme passivity that results if this does not take place.

Following this, Dr Hutchinson talked about training courses for those who care for the mentally handicapped, and about the problems they encounter not only with these young people's sexual awakening, but with the parents' reactions and attitudes. During the last year, there have been attempts to evaluate such training schemes, and Dr Hutchinson made a plea for more active interest among psychosexual doctors, who could both contribute their experience and skill and share in and profit from the work done by others in this field.

Report by Dr B G Hinshelwood

b. Residential Weekend for Leader Doctors

On 16 and 17 November in Birmingham, 18 Seminar Leaders gathered for a working weekend. This was an experimental idea to facilitate a sharing of experiences in the various aspects of group leadership of seminars. Many leader doctors are unable to attend the Leaders Workshop in London and so have very little opportunity for comparing skills or difficulties with other leaders.

Amongst the topics discussed were the selection of seminar members and the setting up of new seminars. An interview proceeding the start of the seminar between the leader and the new member was thought to be the ideal in order that the sort of training offered could be discussed between them and also that the potential member was actually working in the field of psychosexual medicine.

Problems of groups which were too small or too large were also discussed and the financial and administrative aspects of running groups. Financial arrangements varied widely between different areas.

The work of the accreditation panel was described and also the relationship between the panel and the seminar leaders and the candidates.

A suggestion was put forward that group leaders could be helpful to the seminar members by occasionally reviewing with them on an individual basis their strengths and weaknesses.

It was a stimulating weekend without formal structure, but very thought provoking.

Report by Dr R D Lincoln

February 1980

VII. PUBLICATIONS

1. "Sense and Nonsense about Sex" BMA Family Doctor Booklet by Prudence Tunnadine. Price 40p.

"I was asked to write this "child's guide" to sexual difficulty and where to get help, aimed for the potential patient. It has to my surprise attracted a lot of media interest in being about people's anxieties rather than parts and their performance; evidence perhaps of how far the athletic view has taken over this last decade that what we in the Institute would surely regard as very modest common sense should be regarded as "the new philosophy for the eighties"! It is available (plus 10p postage) from the BMA, FPA bookshop and most chemists. I wrote the Institute method large, but the editing has put the banner headlines elsewhere! I am promised this will be corrected in reprint."

- Dr P Tunnadine

2. "The Quality of Marriage before and after Vasectomy" by Geraldine Howard. September 1979 edition of Sexual Medicine.
3. "Preliminary Study of Non-ejaculation in Psychosexual Clinics" by Rosemarie Lincoln and Robina Thexton. December edition of Sexual Medicine.

VIII. CORRESPONDENCE

- a. Fifth International Conference on Venereal Disease, Family Planning and Human Sexuality. Hawaii: 24 June - 1 July 1980.

JUNE 24 -
JULY 1, 1980



In conjunction with TWA Holidays, the Travel Centre have quoted us a price of £750 per person for a 15 day tour from 19 June - 1 July 1980 and including 4 nights in Los Angeles on the outward journey, 9 nights in Hawaii, and one night in San Francisco on the return journey. This price includes all transfers from airports to hotels, de luxe accommodation on a room only basis, a variety of free sight-seeing tours and special reception parties.

The tour operators, however, are interested to know what other options participants would prefer. Please contact Dr C Stuart Morrow, 59 Wimpole Street, W1 to acquaint her with your comments and wishes because negotiations are still in progress.

- b. Dear Editor

Further to your request for comments and votes on symbols, I think the trade name for instantly recognisable motifs denoting a company or organisation is a "logo".

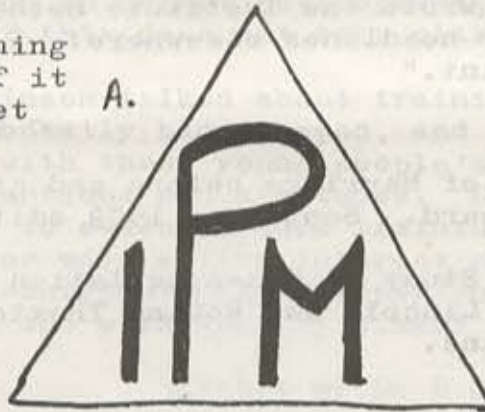
Speaking for myself I have always enjoyed the Newsletter which has been and probably will continue to be the principal way in which news of the Institute is disseminated among the members. It also occurs to me that some other of our Medical colleagues and not of our membership will have from time to time occasion to read the newsletter.

I think the whole idea of a "symbol" is nonsense - do we really have a need to be reassured in our collective cohesiveness by way of a logo?

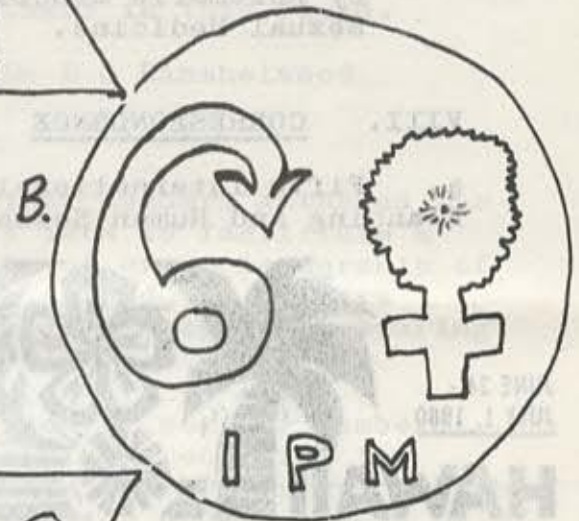
For us I think a logo is no go.

As for the submissions printed in Newsletter No 15 it is obvious that:

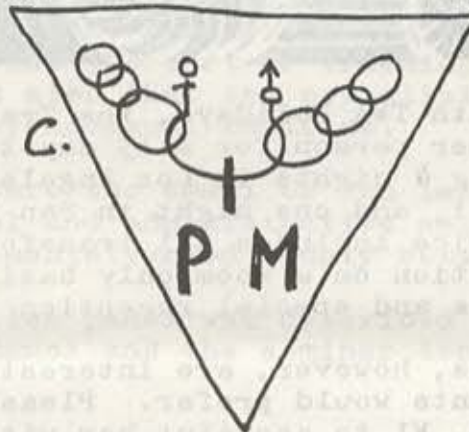
- a. will be useful leaning against your car if it breaks down on a wet night.



- b. will be eagerly adopted by the Partially Speared Dolphin and Religious Bloom Society.



- c. is too well recognised as the Olympic Television Aerial Erectors Consortium to have much validity if we do put it off as our own.



Yours etc,

Carol Morrow.

IX. NEW MEMBERS

Dr James Templeton, Dept of Psychotherapy, Southern General Hospital, Glasgow.

Dr Thomas P Kelly, 164 Pembroke Road, Ballsbridge, Dublin 4.

Dr Jacqueline Moulton, Pine Lodge, Kirkby Road, Ravenshead, NG15 9HF.

Dr G M Ahmed, 35 Northfields, Bishops Hull, Taunton, Somerset, TA1 5DR.

Dr Elaine Cooper, 15 Richmond Gardens, Portswood, Southampton, SO2 1RY.

Dr Elaine Pemberton, 118 Main Road, Ravenshead, Nottingham.

Dr Linda Egdell, 8 Kingsmead Road North, Oxton, Birkenhead, Merseyside.

Dr Premprakash Kacker, 67 Slayleigh Lane, Fulwood, Sheffield, S10 3RG.