

I.P.M. DIARY OF EVENTS

A ONE-DAY COURSE

The British Psycho-Analytical Society
BASIC PSYCHO ANALYTICAL CONCEPTS
at The Institute of Psycho-Analysis, 63 New Cavendish
Street, London W1

on Saturday, 27th October, 1984 : 9.30am to 12.30pm
and 2pm to 5pm

Fee for the day: £18.00

Admission by ticket only.

Applications for tickets accompanied by cheque to:

Hon. Secretary, Public Lectures Committee, The Institute of
Psycho-Analysis, 63 New Cavendish Street, London W1M 7RD.
Tel. 01-580-4952

AN INTRODUCTION TO PSYCHOSEXUAL MEDICINE

A study day at Pinderfields Hospital, Wakefield in the Post
Graduate Medical Centre on 21st March, 1985 at 9.30am.

Write for details to:

The Post Graduate Secretary, Pinderfields General Hospital,
Wakefield, West Yorkshire WF1 4DG.
Tel. 0924-375217 Ext. 2263 or 2510

ANNUAL GENERAL MEETING: March 22nd, 1985

1985 RESIDENTIAL SCIENTIFIC MEETING: September 1985

Date and venue to be communicated later.

Winter Clinical Meetings at 6.30pm : 11 Chandos Street,
Cavendish Square, London.

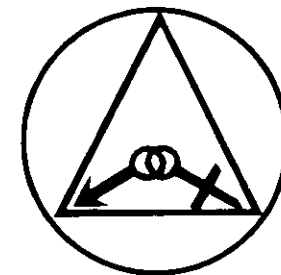
Thursday	1st November, 1984
Friday	7th December, 1984
Friday	4th January, 1985
Friday	1st February, 1985
Friday	8th March, 1985

Please telephone or write to Mrs. Judith Green, 11 Chandos Street,
Cavendish Square, London W1M 9DE 01-580-1043 at least seven
days beforehand if supper (£7 or £8) is required.

Institute of Psychosexual Medicine

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NEWSLETTER No.26

OCTOBER 1984

LIST OF OFFICERS

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Dr. H.M. Bramley	Mrs. Nancy Raphael
Dr. Ann Smith	

Mrs. Judith Green will be at 11 Chandos Street on Thursdays
From 10 a.m. until 2 p.m. - Telephone 01 580-1043

INSTITUTE OF PSYCHOSEXUAL MEDICINE

Newsletter No.26
September 1984

EDITORIAL

Contributions to this issue provide various foci of interest. Accounts of clinical encounters with patients raise interesting themes. Does the account of the identity struggles of a twin prompt other doctors to write of their clinical dealings with twins? The setting of the clinical encounter is also important to understand and other doctors must have contributions to make on this topic.

All descriptions of clinical work are by their nature in this field intimate and revealing. Every attempt is made to disguise them, pseudonym replaces pseudonym, places and jobs are disguised without, it is hoped, distorting the account. The only purpose for sharing these cases with colleagues within the closed circulation of the newsletter is to promote the greater understanding of the patient by the doctor. The aim is to facilitate the skills of the doctors in helping their patients. The public are asking more and more for help from their doctors in this area of human distress and few would object to this kind of study.

The role of the Institute in the developing field of training doctors in psychosexual medicine is clearly a concern of much of the membership. Gradually there is an awareness of the work done by doctors trained in Institute methods and the membership continues to grow. Younger doctors are coming forward. However, it is often a matter of geography what kind of training they find available, if indeed there is any at all, Institute or otherwise. Dr. Duddle's reminder that we are all working to the same end - to help people with sexual problems is timely. How sad it would be if politics delayed not only the development of a comprehensive psychosexual counselling service to the public but also the revolution in doctoring that would allow any complaint of sexual distress to be relevant in a primary health care setting.

It will be interesting ten years on to look back and consider how development progressed as progress it must.

JOAN COOMBS

THE TENTH ANNIVERSARY OF THE FOUNDING OF THE INSTITUTE

On Friday 13th July, 1984 at number 11 Chandos Street there was a reception to celebrate 'ten years on'.

The president and council of the Institute of Psychosexual Medicine shared with members and guests a delightful evening in a lovely setting. There were drinks and refreshments and much talk between colleagues who too seldom have the opportunity to meet and discuss the work of helping patients with sexual difficulties. Seminars are confined to the study of clinical encounters but here there was the opportunity to discuss with those from other areas the problems of the work.

The department of Postgraduate Education of Wyeth Laboratories conveyed their congratulations to the Institute on the occasion of the 10th anniversary. Thanks must go to Wyeth for their part in making this event such an enjoyable one.

During the presidential address Dr. Tom Main referred to the fact that the acquisition of skills by doctors working with patients who have sexual difficulties are not easily or quickly acquired. The training of the Institute requires doctors to spend often five years of arduous in-service seminar training. Once again he commented that the business of understanding people and helping them with their problems involves individual research by both doctor and patients; that each person is a unique individual and that generalisations and scientific principles are not often produced.

Dr. Main paid tribute to the work of so many towards the continuing development of the Institute, both to previous council members and also to Mrs. Nancy Raphael and her friends who help with financial support.

Dr. Prudence Tunnadine presented cut-glasses to Dr. Rosemarie Lincoln and also to the chairman Dr. Roland Freedman to commemorate the publication of their books.

For those members who were unable to attend the reception there will be another opportunity to mark the tenth year of the Institute when the membership have their annual residential clinical meeting at Hugh Stuart Hall, Nottingham University in September.

JOAN COOMBS

The occasion was the 10th anniversary of the founding of the Institute of Psychosexual Medicine on Friday, July 13th 1984, and approximately 70 doctors and invited guests had gathered in the Medical Society of London's gracious house in Chandos Street which is now the home of the Institute.

I vividly remember the inaugural meeting ten years previously. How far have we come? Only that morning I was looking through the most recent edition of the dictionary published by the British Association for Counselling (with an excellent introduction by Dr. Elphis Christopher) which lists available services, and to my delight had found that on almost every page there was a Clinic staffed by an Institute member. The therapy was described as 'Brief Balint type psychotherapy' - we outnumbered other disciplines.

Our President was in tremendous form (a large white daisy was popped into his buttonhole by Joan at the reception desk) - we were greeted with 'bubbly' and gathered for Tom's presidential address.

He called us an ordinary outfit with special skills and talked about training methods - the long time involved but bringing about thereby the possibility of change in the doctor (which can have a positive spill over into other areas of the business of living). It is a training of skill in understanding the Doctor-Patient relationship, is ongoing and not a once for all phenomenon. It sets out to improve what doctors do in their own setting and helps them to understand their own blindspots, prejudices and weaknesses. 'Each case is a unique research - there are a hundred different cases of frigidity'.

We are not yet recognised by the DHSS but some Local Authorities employ Institute members. Recognition spreads by reputation not by propaganda. Tom traced the history of the Institute, sex was too naughty a word in the early days and the term psychsocial was originally used.

Prue presented an overdue goblet to Rosemarie Lincoln for her publication 'Themes in Psychosexual Medicine', and one to Roland Freedman for his book 'Sexual Medicine' (Churchill Livingstone).

Dr. Freedman proposed a vote of thanks to Tom.

Wyeth had produced a delectable buffet for us and we were able to renew friendships with people we had shared seminars with, a special relationship in which one has shared the anguish and excitement in trying to acquire the skills Tom had talked about.

Our thanks to Wyeth for enabling us to enjoy such an auspicious occasion. Personally I feel a debt of gratitude to the Institute for what I have heard and hopefully understood in the past ten years.

Dr. WENDY ROLES, M.B., B.S.
Member of the Institute
of Psychosexual Medicine

TEN YEARS ON

It had been a busy day at work and I was afraid of being late. I arrived at Letsom House and there were familiar faces. Even walking up the staircase of such a beautiful place is a delight and there were friendly people and the comfort of talking the same language.

I looked around hoping to see some dear faces of those who had not managed to come, Sylvia Dawkins in particular for whom I shall always have a soft spot. It wasn't only the glass of sherry that set the tongues wagging.

In a short time we were downstairs again listening to Tom Main giving the presidential address. I suppose over the years he must be saying the same sort of thing about us but somehow it still comes out fresh and worth listening to.

It is difficult to believe that it is ten years since we became an 'Institute'. For those of us who have been attending seminars for even longer than that there is a sense of achievement in being recognised and also a sense of pride in being associated with those who have done so much in making it possible.

It was a pleasure to see Rosemarie Lincoln receiving her cut-glass goblet from Prue and the well-earned acclamation of those who appreciate all the work put in by her as well as all the others behind the scenes.

Then back again to the buzz of more conversation; fresh faces and 'hellos' to those old friends we only now manage to see once a year or so at weekend conferences.

In all such a friendly and memorable occasion over so soon but with a feeling of being glad to have been there and glad to be there still.

Dr. AUDREY JONES
*Member of the Institute
of Psychosexual Medicine
Beckenham, Kent*

AFTER THE 10th ANNIVERSARY CELEBRATIONS

Although anniversaries are a time for looking back and taking stock I feel it is also an opportunity to try and look into the future.

The first ten years will be looked upon as the years of formation and consolidation. The years of Tom Main's leadership in which he set standards of excellence and integrity which will be taken into the future and the very existence of the Institute is due, beyond doubt, to him. But where is the leadership to come from for the next ten years? The age of the founders of the Institute mean it will have to be handed down to younger people before the next ten years are completed, and are we preparing anyone to take over? They must all come from within.

With a change of leadership there will inevitably come a change of style. No-one can be another Tom Main, nor should they try to be. It is vital that we change our style to keep abreast of the changing profession as a whole.

What will a new leadership have to face in the next ten years? I think the next tens years will have to be characterised by growth, both in ideas and numbers. If we do not grow we will be relegated to being one of those brainchilds of a single individual that dies when he goes. We cannot remain static.

Growth in numbers is vitally important, in that numbers, as any Trades Union boss will tell you, mean influence and power. We will have to have more leaders, leading more seminars, and to get this we need to be less reticent about our work and our Institute. Publicity, like that of the estate agent, is good business. The World will not come seeking us out, no matter how high minded and excellent we are, if it does not know we exist.

New ideas of sexual therapy exist and have become acknowledged in respected parts of the profession. Are we going to have the courage to look at them and take them on board if necessary? Or are we to be a self limited and, therefore, self destroying organisation? We cannot justify our existence by just repeating the same message. New ideas are vital.

I wonder who the leader will be to take this on and set us on the path of growth. He, or she, will need qualities different from, but as important as those we have had from Tom.

The other thought that was constantly in my mind that evening as I mingled with my colleagues concerned the way members became selected to join the Institute. However it is done, we have ended up with a group of extraordinarily pleasant and amiable people. Somebody must be able to do something with them!

Dr JOHN ROGERS, M.B., M.R.C.S., D.R.C.O.G.
*Member of the Institute of
Psychosexual Medicine
Slough*

ARTICLES

A SALUTARY CASE OF NON-CONSUMMATION

The Referral

The letter from Mr.P. was urgent and appealing. He had been married for 27 years and his wife was still a virgin. They got on well but for most of his marriage he had had a long standing affair (of 20 years) which his wife had accepted rather than lose him. This woman had died and he had embarked on another affair and was thinking of leaving his wife, but after discussion with her told her that if she would try and get help he would give the marriage another try. She had sought help in the past but it had come to nothing and he felt that they needed 'more practical help'. They enjoyed foreplay and mutual masturbation but if he tried to penetrate his wife was overcome with fear.

The Initial Interview

At the first visit their manner was as appealing as the letter - a smartly dressed couple in their late 40's, Mrs.P. being particularly well groomed. I felt warmly towards them and found myself commiserating with this difficulty that had blighted their otherwise happy marriage. They met when they were in their early 20's; Mrs.P. had another boyfriend at the time but favoured Mr.P. She felt sorry for him as he had a 'lost look' and he stammered. He found her pretty and attractive. They had a short courtship and had not tried to have intercourse before marriage as 'one did not do that sort of thing in those days'. Unable to consummate the marriage, Mrs.P. sought advice. She had an operation (hymenectomy) and was told her womb was 'a bit small'. They were still unable to consummate the marriage but they used to masturbate one another and this seemed satisfactory for a while. After 6 years, Mr.P. got tired of this and found himself a sexual partner. There was 'nothing in it'. He did not love her - he loved Mrs.P. - but it satisfied him sexually. When a child, a son, was conceived of this relationship he took full responsibility for him and he became their son (Mr. & Mrs. P's, that is). Now they were middle aged he felt that they should have one last try to have a 'proper marriage'. The 'other woman' had died and though he had started another affair this was not what he wanted.

Their Histories

Mr.P. had been an illegitimate child. His mother had tried to kill him (so he had been told). He had been adopted at an early age. He described his childhood as happy. His adoptive mother was alive and well. His adoptive father had died 10 years previously. He had two adoptive sisters, one older and one younger than him.

Mrs.P. had been the eldest of 7 children. Her father had been a 'rag and bone' merchant and there was never enough money. From the age of 11 she had had to help mother cook and clean and look after the other children.

Succumbing to what I felt was a heartfelt plea to have a 'proper marriage', I said something like we could not wait another 27 years and suggested a vaginal examination. Mrs.P. was surprisingly easy to examine and examined herself with only momentary hesitation. I felt hopeful. However, there was a snag; Mrs.P. had a very bulky uterus which I thought was caused by fibroids. On questioning, she revealed she had been having very heavy periods and was getting very tired. Referral to a gynaecologist was arranged. Mrs.P. turned out to be so anaemic that she required a blood transfusion before the operation. The gynaecological

secretary, who had gone to see her at home to ask her to come in earlier than the arranged date for the operation as she would need a transfusion, commented on the immaculate state of Mrs. P's home and her repeated apologies for its untidiness!

Second Visit

They were seen two weeks after the initial visit. A different picture was presented. There seemed to be acrimony between them. She had allowed him to insert his fingers inside her, but not his penis. She still believed he was going to leave her despite what he said. He strongly denied this and said something must be wrong with him - he was too weak, nothing worked out right for him. Perhaps his wife needed a different man. Responding to his disappointed feelings, I was encouraging and said in view of the impending hysterectomy it was early days and perhaps we could explore the situation more later.

Six weeks after the operation Mrs.P. looked well. She examined herself with a mixture of excitement and distaste. The latter appeared to be related to the operation. Discussion about this seemed to reassure both of them and they left looking satisfied.

This third interview was followed by a long gap because of the holidays and when they were seen again they seemed to have taken a step backwards. When this was commented upon, Mrs.P. said she feared he would not stay with her. Mr.P. said he would not leave her but he did not want to 'miss out on life' and if the marriage was not consummated he would 'go elsewhere'. It seemed that both had mixed feelings about consummating the marriage. This was denied by both of them and Mrs.P. started to talk about her family and the 'hard life' her mother had had with seven children. Her father had been a rag and bone merchant and there was never enough money. She had had to help mother cook and clean and look after the other children. Mother was portrayed as 'put upon' while father was illiterate, dirty and disreputable. I made some comment about this and the anger she had felt towards him. She strongly agreed and gave a graphic description of father bringing his horse through the house to take him into the back yard! This seemed to refer to father's 'dirty sexuality' resulting in all these children whom she had had to care for, depriving herself of her childhood. She began to cry when I said this and said she had never wanted children. Her husband was like her child. She had wanted to look after him when they had first met. There were warm glances between them as they left.

They arrived unexpectedly before their next appointment looking like two excited children. Could they see me for just a minute? They had brought me an enormous plant and their thanks for everything. They had consummated their marriage and were closer than they had ever been. They did not need any further appointments and rushed off. Feeling delighted that consummation had been achieved after 27 years, I chalked up a therapeutic success.

A month later a telephone call shattered my illusions. Mr.P. had had a breakdown. The doctor at his firm was asked to see him; he was rambling and incoherent and rather aggressive. He kept repeating that he had just got married and that he loved his new wife and would buy her anything. My name cropped up in the middle of all this. The doctor was anxious that I talk to Mr.P. to persuade him to be admitted to hospital. I managed to do that and he was

diagnosed as having acute mania and was put on medication. After about a month he had slowly improved, though he impulsively took his own discharge.

They both came to see me after I had written to them suggesting that they might like to come and talk about what had happened. Mr.P. was still in a manic state, though calmer than he had been. He kept talking about how much he loved Mrs.P. and mixed in with this how much he wanted to find his real mother. She had apparently tried to kill him when he was a baby. Mrs.P. was struggling with her feelings, alternately saying how sorry she was for him and wanted to care for him and then that she had had enough. Struggling to understand what had occurred and feeling responsible for what had happened, I said very little and let them do the talking. Near the end of the interview, Mrs.P. exploded a bombshell - Mr.P. had had another child, a daughter, by the other woman and had made the mother have her adopted. Mr.P. said that she was not a fit person to be a mother because she was 'simple'.

The manic state was followed by depression and I saw them on several occasions during this time. Mr.P. complained that he could not hold his erection, Mrs.P. said she had to seduce him now! I tried to explore with him his feelings about women and the split between them - Mrs.P. the good, kind woman and the 'simple', 'unfit' but sexy woman he could make love to. He made little response to this and I wondered what he must feel about me. In his first show of anger with me he said he regretted seeing me and said he had not wanted to come; Mrs.P. then said *she* had made him write the initial letter. She had wanted to get things 'sorted out' as he had been threatening to leave her and this was the only way to stop him. She now thought I could do nothing for him.

I did not see them together again; they failed their next appointment. I wrote offering another and Mrs.P. replied, thanking me for all that I had done but that she did not need to see me as I had done more than enough.

Six months later Mr.P. turned up unexpectedly without an appointment, very anxious to see me. What he wanted to tell me was that he had seen Mrs.P. with another man (he was very excited by this) and he, too, had another partner, a divorced woman with several children with whom he wanted to live. And on the top of everything he had found his real mother with whom he seemed to have made his peace. She told him of her struggle to care for him, how her family had rejected her and how in desperation she had tried to kill him and herself because she saw no future for them both. Feeling overwhelmed by all this, I suggested that we make a proper appointment to talk about it as I had another patient waiting. He agreed and during that interview he said he very much wanted to leave his wife and live with his new girlfriend. He seemed very agitated and I made some comment about that. He said he was worried about what I thought about it all and what he should do. I said it seemed as if he were asking my permission to leave Mrs.P.; he agreed because he said I had brought them together. He then asked if I would give him a letter for his solicitor to tell him all the problems he had had with Mrs.P.; he seemed to want me to blame Mrs.P. and I said something to that effect. He made no comment but looked miserable. I said that I was prepared to give him (and Mrs.P. if she requested it) a letter stating that they had both seen me with a view to sorting out their marital difficulties but this had not proved successful. He looked pleased with this, thanked me and left. There has been no further contact.

Some Afterthoughts

I pondered afterwards about what had been going on and what it was all about.

The explanation for Mrs.P.'s non-consummation seemed clear. A 'sexy, dirty' father who produced too many children for whom she had had to care had made her grow up quickly. For her, consummation seemed equated with having babies. She had found her own baby in her husband whom she could mother and fuss over. She was obsessively clean and tidy, keeping mess, including sexual mess, under control. Failure to keep her exciting sexual feelings under control might result in her being 'put upon' like mother.

His part seemed more complicated - an illegitimate child who felt unwanted and told that his mother had tried to kill him. What must have been his rage with, yet need of, women? He split them into the 'good' virtuous women like his wife (and me) and the dirty, denigrated, sexual women with whom he had affairs. He seemed to need to repeat his own childhood drama, fathering a child outside marriage and then adopting it.

Neither of them could allow sex within marriage and thus there was an unconscious fit between them which satisfied them both for a number of years. It suited both of them for Mr.P. to find sex outside marriage.

Why then did they come for help when they did? What had changed? It seemed as though the trigger was the death of the woman with whom Mr.P. had had the long standing affair and who was the mother of his son (and daughter). When an attempt was made to explore this both denied any significance in her death. For Mrs.P. it seemed to be an attempt to 'sort things out', as she put it, to prevent her husband leaving her. Also she must have been aware of something physically wrong for which she was afraid of asking direct medical help. For Mr.P. it seemed like one desperate last try to see if this could be a sexual marriage, though he did give indications of his ambivalence about it. Why did he have a breakdown after consummation? Was it due to his inability to fuse the sexy, dirty woman with the idealised good, clean woman as represented by his wife? Indications that this was so were given later by his remarks about the new woman friend whom he described as warm and loving and with whom he enjoyed sex. He said she was not as 'good', i.e. as clean and tidy, as Mrs.P.; perhaps it was a real step forward to be able to see his girlfriend as both a mother and a sexy woman.

Consciously, it seemed, they both wanted to consummate their marriage but having achieved this it did not seem to be the answer. What they unconsciously sought, it appeared, was to end the marriage and form relationships with other people with whom they could have sexual intercourse and perhaps marry. Certainly there was pressure on me to 'make' (consummate) the marriage and when that failed to save it, to end it. The non-consummation had served a purpose in maintaining their marriage; consummated it could not survive.

What about the doctor-patient relationship? The doctor was initially made to feel like a warm, caring mother, protective and encouraging of these two waifs. Later I felt like the bad witch who had destroyed something - their illusion that they could have a 'proper marriage'. With the benefit of hindsight more time should perhaps have been spent trying to explore what the non-consummation was about and why something that had suited them both for so long was now no longer satisfactory.

Although superficially what happened seemed an unhappy outcome and not what was consciously wished for (and I certainly seemed to carry much of the hope for this marriage), nevertheless their being able to end the marriage was another kind of success, freeing them to make more complete relationships. Caught up as I was in their conscious hope it took longer to appreciate that that was not what they, particularly Mr.P., really wanted.

Dr. ELPHIS CHRISTOPHER
Member of the Institute
of Psychosexual Medicine

THE CASE OF THE FEMALE TWIN : MRS N. AGED 38 YEARS

A consultant in London telephoned me consequent on a consultant out of town telephoning him, ostensibly because he wanted to find a doctor to help his friends, who had a marital problem. The out-of-town consultant telephoned many times on his friend's behalf and interestingly it transpired that he was also presenting himself, after admitting to me that he had had a marital problem one year previously, when his wife had had an affair.

This out of town consultant complained that his friend's wife was having a Lesbian affair with the 17-year-old 'au pair'. He said that the couple were desperately motivated to have help. I eventually pinned him down to admitting that it was the husband who wanted help - but that everyone else wanted help for the wife.

Mr. and Mrs. N. then came to see me. They did not insist on being seen together and I saw the man first, at his request (he was in a state of great stress) and eventually managed to let us look at him.

I then saw Mrs. N., who presented herself as a competent, self-possessed, well-groomed and neatly dressed woman.

'How are you?' I asked. 'Tense, to say the least,' she replied.

I asked whether she wished to see me of her own volition, or whether she had been sent by everyone else. She said she really did want to talk to me: where should she start?

She said that 'her feelings' had been the same since she was twelve or thirteen years of age; she had tried to suppress 'these feelings' which were always there and were getting stronger and stronger.

She had thought that getting married would solve her problem, since she said she did love her husband emotionally and physically at the beginning of their relationship. But she felt disillusioned with him before the marriage, while staying in his flat prior to the marriage, citing as an example of her feelings his pushing her away from him, ostensibly to read the newspaper.

At this juncture I felt a great deal of controlled anger in Mrs. N. I asked her why she had not expressed her feelings on those occasions. She said 'because you can't' - his finger would waggle at her, saying 'you will ' I asked why she actually did 'obey' him.

She described with warmth her soft loving Dad, with whom she was very close. She said her mother was 'very bossy' and 'Dad idolized me'; 'he has a heart condition'. I remarked that perhaps therefore she could never be a naughty girl.

She then told me that she was the older twin by twenty minutes, with another girl child. Her twin, she said, was tall and blonde but 'had buck teeth'. She added that when they were eighteen her sister 'went and "got into trouble" with a no good man, who was an alcoholic'. Her sister married this man, miscarried, and the marriage broke, but she found herself pregnant again when leaving him. Their father had a heart attack. 'My sister had many boyfriends', she said.

I felt intense dislike as she described her twin, whom she admitted she saw as the feminine, heterosexual girl; consequently all her own life she had (deliberately) set out to be different from and 'better' than her twin.

She became a sports champion and horsewoman, and always pleased Mummy and Daddy. She had one boyfriend only from twelve to eighteen years. She couldn't 'hurt' him.

She was engaged to be married four times, engagements taking her to the point of wedding plans on each occasion,

All these liaisons were very much approved of by her parents. She couldn't hurt anybody by breaking with them until the eleventh hour, and when she was really desperate.

I felt a great deal of anger as she described in detail all of these relationships, her doubts about herself as a woman being reinforced by these repeated failures in relationships in which she had never loved the man in the first place.

She felt that she had increasingly turned to women throughout these years and the only woman with whom she doesn't get on is her non-identical twin sister. She also said, 'My mother didn't have enough milk for us both'.

She described her mother as the boss who handles the money, who has no friends but only family. She knew of her mother's first-born, a baby girl who died at ten days of spina bifida. Her mother was told not to have another baby after this dead girl, but she subsequently had two sons, i.e. the patient's older brothers.

When the mother was pregnant with the twins (her fourth pregnancy) she was too frightened to go to her doctor, who had told her that she shouldn't have had the second, third and certainly not the fourth pregnancy because he, the doctor, would shout at her!

When the patient was going to meet her future in-laws - i.e. her present husband's family - her parents remonstrated with her not to swear, drink, or smoke, 'or else they wouldn't have you, you know.'

When she married she desperately wanted a baby, a girl. She has three children, all girls. The third was a mistake. She demonstrated great anger when describing how her husband chose the names for the first two children, names which she didn't like.

After this, my first interview with the patient and with a great deal of pressure in the air, I really felt that she had not adolcesced and probably had had to commit this ultimate act of sabotage and anger against her husband in leaving him to have a Lesbian affair.

She had sensed early in her relationship with her husband that he reacted violently when she flirted with women. I felt that she had used this response to punish him because of her inability to express anger or to 'hurt' men directly.

She seemed to want to do for once what she really wanted, to go off with the other woman. I made no attempt to dissuade her or change her mind or feelings.

I saw her for the second time one week later. This time she was much more assertive, powerful and talked in a masculine way.

She ticked off how many women she had had, as a man might of his female conquests. 'I am a homosexual', she said, 'and that is what I want.' Her mother and father had been told, and her father said that she should do her duty and stay at home. Her mother said nothing and appears to be avoiding her.

She said that she now felt happier than ever she had in her life and that there was a burden off her shoulders. She had no wish to continue seeing me.

We then discussed the practical problems of her children and their future. With the promise of having regular contact with her children, she was happy to leave them with her husband.

I listened to these plans and I do expect her to reappear in the future.

CAROL STUART MORROW M.B., Ch.B.
*Member of the Institute
of Psychosexual Medicine*

A CASE OF DYSPAREUNIA

An encounter suggesting the importance of —

- (1) Noticing the circumstances of the first visit of a patient.
- (2) Using the physical genital examination when this is relevant.
- (3) Elicitation and interpretation of fantasies in patients with vaginismus.

Mrs. Bradley, a married, 38-year-old fair haired, neatly dressed and rather precise woman who was a company secretary, sat down and said 'My husband thinks there's no problem but I have never really enjoyed sex. It has always been uncomfortable or painful.'

She had been referred by her G.P. but had sent a letter to the clinic cancelling her first visit and giving a list of dates when she would not be available. She still hoped that a suitable appointment could be made for her, thus showing her ambivalence about committing herself to treatment. At the first appointment she said that she loved her husband, enjoyed the closeness with him and could occasionally reach a climax with manual stimulation. She pretended to her husband that she always enjoyed sex. She had waited 7 years to marry him. He had been in a mental hospital since a very young age because of his parents' maltreatment of him, and he had not been able to get a discharge till 5 years ago and then they had married. He had written some unpublished novels which she had read, found attractive, and so had started to visit him in hospital.

When a vaginal examination was suggested because of the dyspareunia she shrank into the chair and said she had never touched herself below and had never used tampons. She eventually very slowly got up, tardily undressed and got on to the couch, and made the doctor aware of her unsure feelings about her sexuality. She had marked vaginismus. It was uncomfortable for her to have one examining finger inserted. In this position she told the doctor that she thought her vagina was very fragile and vulnerable, that it had no skin and was red and like raw liver. She thought that all women found sex painful. These unusual fantasies coming from an intelligent woman made the doctor wonder why this woman was so 'thin skinned' and easily damaged. The doctor then remembered that the patient had originally found difficulty in keeping her appointment.

After a suggestion that she could be feeling fearful of wholly committing herself because of previous hurt she launched into a tale of sadness because her greatly loved father had recently died. Her first teenage boyfriend to whom she had really committed herself and with whom she had had enjoyable heavy petting had suddenly left her for a more attractive girl. Her first husband had been an alcoholic, and had emptied their joint bank account to which she had been contributing and after her divorce a subsequent boy friend with whom she had not tried to have intercourse left her for a classmate at the college, where she was doing a further course. She had been uncommitted thereafter for 10 years till her present relationship.

After sharing this unhappiness with the doctor she then admitted that she was afraid of total commitment as 'what would I do if I was let down again?' She had never before really faced up to this nagging fear of self committal to another. With encouragement she put her own finger into her vagina and could feel herself tightening on to it. She said her mother and her grandmother had had difficulty with sex but said that she would go home and practise inserting her fingers till she stopped tightening.

She returned two weeks later saying that she'd used a mirror and her fingers and found that her vagina was not as fragile as she had thought and had compared it to her mouth. She was so glad that she had voiced her feelings about vulnerability and fear of commitment as she now felt she had a choice, whereas before she was defending herself from hurt, without realising why she was doing it. She could now choose either to take the risk of committing herself and being let down again or to withdraw from it. Since the last visit she's had several climaxes with her husband but had not yet managed painless intercourse.

The final communication two months later was that sex was really enjoyable and that their relationship had greatly improved. The doctor felt that Mrs. Bradley had made good use of the facilities offered to her and that major growth in maturity had resulted.

Without vaginal examination I doubt whether this patient would have mentioned the unusual feelings about her vagina. The psychosexual event allowed her to talk of her real fears and to come to terms with the fact that her vagina was normal and that her strong muscles were defending it from pain and also defending her deeper feelings against further hurt.

Her difficulty in accepting the initial appointment also showed her difficulty in committing herself after her various traumatic experiences and her lack of confidence in her own sexuality. Perhaps she had befriended this man who was still in a mental institution thinking that perhaps the time of committal would never come.

The manner in which a patient presents can give valuable clues about their difficulties.

Dr. MORAG BRAMLEY M.A., M.B., Ch.B.
*Member of the Institute
of Psychosexual Medicine
Sheffield*

'I DIDN'T SEND A GIPSY TO BLACKPOOL'

It is generally believed that patients get the treatment they deserve. Even though they open the right doors they choose to take what lies behind them. This patient found the help she needed in an interesting and unusual way.

Paul and Celia, a couple in their early twenties, came to the clinic on a motor-bike. As they came into the room Paul, a heavily built young man with an anxious expression, was carrying both their crash helmets. Celia, a pale thin pretty girl looked withdrawn and frightened. Paul said 'Celia thinks she's got something wrong with her. She's been to see the doctor and he's sent her here. We've been married for four years and we've not been able to have intercourse properly.' Celia said, 'Paul can't get inside me. I think there's something in the way. I think I'm still a virgin but the doctor says I'm not. I thought everything was all right before but now ...' and her voice trailed away. Paul said, 'It's my fault too. I've done very wrong. I went with another girl and found it was different. I could do it properly with her. I told Celia and that's why she went to the doctor. I've stopped seeing the other girl. She isn't important. It's only Celia I want.' 'But you needed to prove you could do it and you couldn't prove it with Celia,' I said. 'It's to do with my job,' said Paul. 'Celia's family are better class than mine. Celia's more refined. I was afraid to do anything that might hurt her, she seemed so scared. Then I started to do better in my job and get more responsibility. That's when I decided to do something.' I said to Celia, 'You look very frightened.' She said, 'I've always been terrified at the thought of having sex. At school doing reproduction I fainted. I'm an only child, my parents are quite old and very strict and never told me anything.' 'And you were too frightened to find out.' 'I'm so afraid it's going to hurt,' she said.

She agreed that I might examine her. The panic was there in her eyes but she eventually let me insert one finger into her vagina and then two. I said, 'Now you can do it.' 'I can't,' she said. 'This is what you do with Paul, isn't it? You leave it all to him. What about you? Haven't you got some feelings hidden up there inside? Wouldn't it be nice to find out what they are?' 'I can try,' she said, 'but it's going to be difficult.' 'What you need Celia is a magic wand.' She smiled for the first time - 'Something like that,' she said.

Two weeks later she came again alone - not wreathed in smiles but relaxed and calm. 'It's all right, we can do it.' 'And enjoy it?' 'Beginning to.' 'What happened?' 'It's quite funny, really,' she said. And this was her story.

That evening after seeing me she and Paul had a long talk. Celia said, 'I've got a lot of thinking to do,' and Paul suggested she go away for the weekend on her own so as not to feel under any pressure from him. Celia inevitably went home to mother. Mother said, 'After all you've been through you need a little holiday.' So they went to Blackpool. Sitting together on the promenade they were approached by a gipsy. 'Tell your fortunes, dears?' To Celia's mother she said, 'You've had some sadness in your life. You've been bereaved. You've moved house.' 'It's all true,' said Celia's mother. Looking at the pale sad girl nervously twisting her wedding ring the gipsy said, 'You've had problems, my dear. You've even thought of divorce, but everything will be all right now - you'll have a baby soon - I see a little girl.' 'Isn't that wonderful,' said Celia's mother. Celia said, 'I knew she was right. I knew I could do it.' She came home the next day and when Paul approached her she helped him inside her and their marriage was consummated.

'I told you that you needed a magic wand,' I said. Celia said, 'I'm ever so grateful.' 'But I didn't send a gipsy to Blackpool,' I said.

Some weeks later I saw them both again. Intercourse was still a bit difficult sometimes but generally all right and both were happy. I talked to Celia about what happened. Myself, her mother and the gipsy all encouraging her to accept her own responsibility for her sexual life. She said, 'It's as if I was really able to own my own body for the very first time.'

We learn through our Institute training and by studying the doctor/patient relationship to recognise the kind of help our patients are seeking and to interpret our patients' needs. In this case both patient and doctor were fortunate in the way that help materialised.

By interpreting her need for that kind of help this patient was allowed to give herself permission to enjoy her own sexuality and make her own internal and lasting change.

Nevertheless I am thinking of giving my clinic secretary a pair of gold earrings and a crystal ball!

HEATHER MONTFORD M.B., B.S., D.R.C.O.G.
*Member of the Institute
of Psychosexual Medicine*

SLEEP SOFTLY, POOR PRIESTS

The Nigerian nurse had come a long, disorientating way to be impressed by Western Health Care. By mid-winter she was in Canterbury for midwifery, and so found herself at our family planning clinic.

It was bitterly cold. The old, ill-fitting windows offered little resistance to the freezing wind which rattled the blinds against the stonework. All attempts to light the large hall in a clinical way were doomed, light and heat were swallowed up into the high, hammer beamed ceiling. We had learned to concentrate energy where we needed it - around tables and examination couches. Scattered about the floor were an assortment of buckets, new ones appearing after every rainstorm. In a warm pool of light surrounding a rickety table huddled a patient, intent on a long and intimate story, a doctor, and the Nigerian nurse. Without warning all the lights went out. The patient's voice didn't flicker, nor did the doctor's concentration as she automatically reached into a drawer for a candle, and lit it.

Nurses appeared with torches and more candles, expertly weaving their way around the buckets. From behind the thin partition separating doctor and waiting patients came the sound of laughter and chattering - 'the poor priests strike back!'. As the patient, problem unloaded, was led away, the Nigerian nurse settled back in her chair with a sigh of pure contentment. 'Ooh,' she said, 'it's just like Home.'

In 1180, one Lambin Frese built himself a house by the river Stour, cunningly situated between the growing Cathedral and William's new Castle. In time, it became the local mint, and after the murder of Thomas a Becket, a resting place for poor clergymen visiting the shrine. In this century, still called the Poor Priests Hospital, the old building housed baby and family planning clinics - and the finest twelfth century solar in the south east! Canterbury City Council wanted this Grade I listed building as a museum, the health authorities were determined to hang on until the long promised Health Centre appeared. So, no repairs were done, electricity and water supplies were erratic, and the rising damp from the river met the falling damp from the heavens in our room. As a family planning clinic the Poor Priests made a lovely museum - an opinion shared by the steady stream of tourists drawn into this venerable edifice and obediently following our red arrow. 'Do you mean to tell me this is a *family planning clinic*? Gee, pass me the camera, honey.'

Meanwhile the staff never stopped apologising for the many shortcomings to our tolerant patients, and we all looked forward to the new clinic, which, surely, one day

We are now well established in our Brave New Clinic, and I'm not knocking it. It's warm, it's dry, it has car-parking and it's very convenient - just outside the city walls and right opposite the Cross Keys Pub for thirsty males. Its design is pleasing - an attractive central 'patient waiting area', all comfy chairs, low tables, toys for children and large windows overlooking an inner courtyard, bright with flowers. Circumventing this is a narrow and dark corridor, off which are our consulting rooms. We doctors have buzzers to summon the patients through, very impressive.

The first casualty of this perfection was our receptionist. In the Poor Priests a shy, new patient only had to follow the red arrows, up the stone stairs, and there, smiling and motherly, sat Joan. She knew immediately if you were new, you didn't have to explain yourself or ask embarrassing questions. It was impossible to feel overwhelmed - for one thing, everyone you met apologised about the buckets. Now Joan is one of six in a so-called 'mixed reception area' - all behind a long counter. A modern Konrad Lorenz needs no geese to re-write 'On Aggression' - the power struggles and territorial battles of the mixed reception area would be more than ample. More importantly, a nervous patient finds the counter too threatening and Joan sees them peeping round the door, only to disappear. Poor Joan has tried everything - she made herself a larger notice, but all the receptionists followed suit, she tried leaning forwards and smiling invitingly, but immediately so did everyone else. I fear the sight of the Mixed Receptionists all leaning forwards with winning smiles would strike terror into the stoutest heart. Our health visitors give the whole thing up and bring their patients directly through - but we still haven't solved the main problem.

Never mind, be comforted by our lovely patients, after all the years of hardship, waiting in luxury and seeing the doctor in privacy and hygiene. That honey didn't even last a moon. Once a patient made the discovery of a lecture room filled with stacking chairs, the rot set in with a vengeance. Our bit of the corridor is now jammed with waiting patients in the most uncomfortable conditions and nothing dissuades them. Not administrators ('fire hazard ... chairs not delegated for patient use ...') or doctors ('no patient privacy too hot ...'). Those unlucky enough not to fit in queue outside the door into the corridor and dart in to claim an empty seat as soon as one appears. Last week I opened my door (alas, my important buzzer also is useless) and called into the solid wedge of humanity - 'Ada Bloggs'. I watched with interest as a small vibration became a heaving movement and Mrs. Bloggs emerged. Like a cork from a bottle. Hands passed her her essential family planning kit - bags, flask, knitting, umbrella, etc., and she struggled over the obstacle course and into my room. I pointed out the virtues of the patient waiting area, and she had the grace to look abashed. 'Well,' she said, 'it's difficult to chat in those chairs ... feel short of companions ... worried in case I miss my turn ... feel everyone looking at me when I get up ... Oh, it's *much* more friendly in the corridor, you know, like the Poor Priests.'

Oh well, even if I am back to working with umpteen beady eyes boring at my door, at least I have a proper doctor's room to myself. I have a large, imposing desk, a chair on little wheels so I can whizz back and forth like J.R., a real doctor's sink with arms instead of taps, and all decorated with a relentless cheerfulness. How can people complain or feel unhappy in such a place? Mine is a room for bold acts and crisp decisions - me Doctor, you patient. 'I mustn't waste your time, doctor.' Somehow in the Poor Priests it was *easier* to accept that your own anguish was more important than the doctor's time. In the new temple of modernity anything but a prescription for a new miracle-drug seems rather foolish. I am aware of feeling such pressures, and I reacted in two ways. I can recreate those pools of light which worked so well (although we didn't think of that at the time) in the Poor Priests by withdrawing to the examination couch, and drawing the curtains. Immediately the light dims, the outside world retreats and an atmosphere of extreme intimacy is created. Just like the Poor Priests, it doesn't seem to matter what is happening beyond the curtain. Clattering nurses, doors opening and closing, bursts of noise from the corridor which stops a patient dead in the main room, have no effect here. We seem to have created a charmed world in which anything can be said. Still, I can hardly conduct my professional life behind a curtain, and so for my psychosexual patients I abandon my posh room and move into the nurses cubicle. This is tiny and basic - one bed, one sink, a small desk and two chairs just about fill it. Add two people and we have to open the window for air, but it is not intimidating at all, and patient and doctor can work much better. My nurse, wearing a white coat (I never do) with a prominent stethoscope (I have to scabble in my bag for mine) thoroughly enjoys the doctor's room, and thinks I am quite mad.

This is not a plea for all clinics to be held in leaking Grade I listed buildings, just my observations on how we all reacted to a move into a new, purpose built clinic. I have been most interested in the way the patients have acted to regain a modicum of control over what happens. I think they are winning.

I shall leave the last word to a patient. One cold night she was dressing in the warmth, and waxing nostalgic about the old days. 'Ah', she said, 'we had a lot of laughs - but, I think those poor old priests must be *so* bored in that museum ... I bet they miss us something chronic.'

Rest in peace, Poor Priests, there's not a lot else to do in a museum.

Dr. MERRYL ROBERTS S.C.M.O.
*Member of the Institute
of Psychosexual Medicine*

LETTERS

July 20th 1984.

Dear Editor,

After Dr. Gilley's Friday evening paper at Nottingham last Autumn, I gave an off-the-cuff reply to a question about other courses in psychosexual medicine.

As published in the typescript (p.17) this contained several errors. Some were due to the difficulty of hearing a tape aright in a crowded hall; some, alas, were my own. I beg to correct them in your columns and to express my regret for any offence caused to Dr. Stanley, and to others who may have been misled.

The St. George's Diploma Course has been 'widely' not 'badly' publicised as stated. The cost of the first course in 1981 that was being referred to was £600, not £400. My comment that 'out of eight candidates, only one was suitable and none by then had treated patients unsupervised', was apparently inaccurate and misleading. Dr. Stanley informs me that there were in fact ten candidates and, as anticipated, one year proved to be too short a time for most to complete the required minimum of 120 hours of supervised therapy to a sufficiently high standard for award of the Diploma. She tells me that the course now formally lasts for two years, and although only one trainee reached the required standard by the end of the first year, three others did so subsequently. Two failed to be awarded the Diploma because they were unable to develop therapeutic skills of a sufficiently high standard, and the remainder have not yet completed the course. A larger number of candidates on the second course have been awarded the Diploma. Dr. Stanley was unaware that a recent article in BMA News stated that hers was the only training offered to GPs.

I appear to have confused Dr. Michael Perring's course in West London with the Association of Sexual and Marital Therapists. Dr. Stanley tells me that the latter does *not* offer training but does supply a list of UK courses and has developed criteria for standards of training programmes that would be acceptable to the Training Committee for ASMT Accreditation.

Yours etc.
Dr. PRUDENCE TUNNADINE
Director of Training

**OPEN LETTER TO THE MEMBERS OF THE INSTITUTE OF
PYSCHOSEXUAL MEDICINE
May Duddle, F.R.C.Psych.
Consultant Psychiatrist**

9th July, 1984

I was driven to write this by a surge of adrenaline that hit me as I read some comments on training in the account of the Nottingham weekend.

Dr.Tunnadine mentioned the Association of Sexual and Marital Therapy (ASMT) as 'a good outfit who claim to be a training outfit, but as far as I know haven't as yet actually trained anybody', and in her comments on Dr.Stanley's course at St.George's she says that only one of the first eight candidates was suitable. In fact, at least four of these have now got diplomas and another course is under way. These diplomas are only awarded after very stringent assessments, and they are not allowed to treat patients unsupervised until they have got their diploma, which has only recently been awarded to them.

A number of other members of ASMT have also been training for some time. In fact, in Manchester we have been training virtually as long as the London seminars. ASMT has a very active training committee chaired by Dr.Stanley and consisting of Dr.J. Bancroft, Mrs.A. Clegg, Dr.D.D. Clegg, Mrs. S. Cooper, Dr.M. Crowe, and myself. We are at present looking at how to accredit courses organised by members and the following recommendations have been made: 1) That the essence of training should be supervised clinical experience, both in co-therapy and single therapy, and supervision should be partly by group and partly individual. 6-10 cases should be seen in the year if possible. 2) There should also be a didactic curriculum worked through, either by lectures, tutorials or supervised reading, the curriculum to include biological and sociological aspects of human sexuality, the sexual consequences of organic disease and medical treatment, and the theoretical basis for the various forms of sex therapy. 3) Assessments should be both of theoretical knowledge and therapeutic skills and at present various methods of assessment are being studied.

Courses like this are at present running in Edinburgh, London, Sheffield and Manchester, and nationally by the Marriage Guidance Council. For example, in Manchester the training lasts two years. We begin with a two day workshop and in the first year we meet for half a day during term time for a mixture of formal lectures, clinical work in my clinic under supervision in single and co-therapy, and seminars very similar to those of the Institute where cases seen are discussed. The second year is clinical work only and after this there is a monthly group to which all those in the area who are working in the field can attend to share their anxieties about cases.

I myself started training shortly after the London seminars began. Indeed, as some of the older members of the Institute will know, I began, as many of you did, in family planning and then attended Dr.Main's seminars in London. In 1970, after reading Masters and Johnson's* second book, I began to incorporate behavioural techniques into the treatment of patients and to see couples together, but I went on using the Institute technique of listening both to the patient and to my own feelings, and using the relationship between us. I find the works of Helen Kaplan very useful to illustrate this eclectic approach.**

In 1973 I was lucky to be offered consultant NHS psychosexual sessions and I now do four, two in a psychiatric department and two in a gynaecology department, but I have always felt, as was stated at the conference, that hospital was the wrong place in which to see these patients, so I have spent the years training doctors to work in community clinics and we now have many in the Greater Manchester area and some in the region as far away as Preston and Blackburn. These are often run in the same premises as family planning clinics but are quite separately funded psychosexual clinics.

As a founder member of the Institute, may I be allowed to criticise it? I think you have all made two mistakes. (1) Sticking to medical training only. Our courses are multi-disciplinary and we find that other disciplines add tremendously to our discussions. The non-medics are usually much better at the counselling side than we are and we can learn a lot from them. Co-therapy with a medical and a non-medical is, I think, ideal, but I feel there should always be a medical member of the team. There are a large number of possible physical aspects to be assessed in psychosexual work and to have to refer elsewhere for this kind of help, as the Marriage Guidance do, is not, I think, very satisfactory. (2) Not accepting behavioural methods as of some use. In fact, of course, you have always used them in vaginismus, perhaps your most successful field, and I know many of you do use other methods and do see couples together, but why not accept this officially?

Thank you for allowing me a moan. Now the constructive side. I think the aim we should all pursue is that of independent NHS funded psychosexual sessions run by a multi-disciplinary team. The ideal location, I feel, is in the community clinics. If funding does not allow this perhaps we should try the suggestion made at Nottingham of a voluntary organisation like the old Family Planning Association but running psychosexual sessions instead of contraceptive ones. These would be walk-in sessions or patients could, of course, be referred.

A final plea: could we not get together to discuss all these issues? We are all really working to the same end - to help people with sexual problems.

References

* Masters, W.H. and Johnson, U.E. (1970) Human Sexual Inadequacy. Boston: Little Brown and Company. London: J. and A. Churchill.

** Kaplan, H.S. The New Sex Therapy (1979). Bailliere Tindall, London.

SITUATION VACANT

London Youth Advisory Centre is looking for a new director to lead a team of part-time doctors and counsellors. The centre is a small independent charitable organisation particularly concerned with the problems of the young. Contraception and psychosexual help are essential aspects of the service. The centre is funded partly through District Health Authority and local authority support, and partly from charitable sources.

The director will have overall responsibility and will co-ordinate with the administrative secretary and staff, such issues as fund raising, community liaison and future development and will carry a clinical case load.

Applicants should have medical and/or psychotherapy training and experience in working with adolescents and have a psycho-dynamic approach.

Hours will be approximately 18 per week. Salary according to training and experience.

For further details apply 26 Prince of Wales Road, London NW5 3LG.
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Enquiries to: Mrs. Cawthorn, Administrator, Elizabeth Garrett Anderson Hospital or Dr.Elizabeth Mackay, 66 Sutherland Avenue, Petts Wood, Kent.
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New Members whose Applications were accepted up to 15 September 1984

Dr.Daphne Mary Scott	'Fairbrook', Oxted, Surrey
Dr.Rosemary A. Bradbury	Hartford Cottage, off Moorend Lane, Silkstone Common, Barnsley, South Yorkshire S75 4RL
Dr.Christine T. Horrocks	24 Cliff Court Drive, Frenchay, Bristol BS16 1LP
Dr.Susan Norman	1 Leigh Road, Clifton, Bristol BS8 2DA
Dr.Pauline Allen	Brook Cottage, Churchend, Eastington, Stonehouse, Gloucestershire, GL10 3SB
Dr.Brian Cogan	4 Eastcliffe Avenue, Kenton Park, Newcastle upon Tyne NE3 4SN
Dr.Cleanth Jones	24 Jestyn Close, Dinas Powis, South Glamorgan
Dr.Susan M. Smith	'Oak Ridge', 8 Squire Way, Henfield, West Sussex
Dr.Hilary M. Richards	18 St.Johns Road, Clevedon, Avon BS21 7TG
Dr.Ali A. Kubba	51 Briar Close, Hampton, Middlesex TW12 3YZ
Dr.Anne Evans	42 Downshire Hill, London NW3 1NU
Dr.Enid A. Hood	54 Riplingham Road, Kirkella, Hull, North Humberside HU10 7TR
Dr.Dorothy C. Watkins	Kings Head, Redwick, Magor, Newport, Gwent NP6 3DE
Dr.Jacqueline Gibb	4 Newland Garden, Sherborne, Dorset DT9 3AF
Dr.Edward J. Holmes	16 Moor Edge, Crossgate Moor, Durham DH1 4HT
Dr.Sonia Robertson	37 Cholmeley Park, Highgate, London N6 5EL
Dr.Michael F. Seear	PO Box 4553, Jeddah 21412. Saudi Arabia
Dr.Sarah E. Watkins	94 Newfoundland Road, Gabalfa, Cardiff CF4 3LD
Dr.Peter F. Godfrey	23 Rosebery Avenue, St.Werburghs, Bristol 2, Avon

Dr. Myu Myu Wanna 70 Zetland Road, Intake, Doncaster DN2 5EJ

Dr. Jill Millar 42 Queen's Road, Jesmond,
Newcastle upon Tyne NE2 2PQ

Dr. Paula Brackenridge 45 Leazes Park, Hexham,
Northumberland NE46 3AX

Dr. David M. Jenkins 260 Neath Road, Briton Ferry, Neath,
West Glamorgan SA11 2SL

Dr. George Ripley 4 Malvern Crescent, West Bridgford,
Nottingham NG2 7BG

Dr. Peter S. Rose 118 Main Road, Ravenshead,
Nottinghamshire NG15 9GW

Dr. Helen L. Foster Chewton Farm House, Chewton, Keynsham,
Bristol, Avon BS18 2SP

Dr. Gillian R. Wright Roulston Cottage, Sutton-under-Whitstonecliffe,
Thirsk, North Yorkshire

Add to Membership List (previously omitted):

Dr. R. Saeed 48 Leegate Road, Heaton Moor, Stockport

RESIDENTIAL WEEKEND

September 28th, 1984 : Nottingham University

Over a hundred members of the Institute of Psychosexual Medicine met at Hugh Stuart Hall, Nottingham, for the September Scientific Meeting.

Papers on various aspects of work were presented during the weekend and transcripts of these will be circulated to the membership later. These provoked much discussion in the small groups and at every other opportunity also.

On Saturday evening there was a sherry reception followed by the Birthday Dinner.

After the Loyal Toast, the chairman Dr. Roland Freedman made his introductory remarks and then paid tribute to the work of the resigning officers Dr. Katharine Draper, Dr. Fay Hutchinson and Dr. Rosemarie Lincoln. There was warm applause when each stepped forward to receive gifts of gardening tokens which symbolise appreciation for all the work they have put into the development of the Institute during the last ten years.

Dr. Main spoke about the development of the work from the early days of cap fitting for women in the family planning clinic to this new period in which the work is concerned with men patients also. He referred to the fact that doctors have had to adapt to this changing field. Originally patients presented singly now often in pairs, and consequently doctors have had to adapt and develop new skills in response to these changes.

Dr. Main paid tribute to the increasing development of skills and expressed his hopes for the future. He also voiced our thanks to Wyeth and all the people who had contributed to the success of the weekend meeting.

Dr. Judy Gilley was asked to propose a toast to the future of the Institute. This is what she said:

"It is rather dangerous ground to toast the future of an Institution. We have been warned in no uncertain terms by our President of the dangers likely to beset an institution which becomes preoccupied with its own survival. We know the slippery slope - the production of dogma, its elevation to 'holy grail', the hierarchical promotion of ideas and the downward spiral into a self-defeating orgy of destruction.

Schwitzer says in his 'Thoughts on Organised bodies':

'The organised body is at work to make good by ever stronger and uniform organisation its claims to be a body justified by history and practical success. But just in proportion as it gains in external power it loses in spiritual.'

So let us concentrate on the spirit of our Institute - the work of the Institute summarised in the one aim in the constitution - To be a learned body for the promotion of psychosexual medicine through seminar training.

Everything one would wish to say about the work suddenly does not need saying following the presentations such as those we have heard today. We are here for the work and the work is vital.

We have considered in our seminars how much of traditional medical training we must jettison, history taking, asking questions, knowing it all, giving advice and all the rest.

Traditional teaching in medicine can also encourage other traits, secrecy about success, jealousy about guarding good work, fear of sharing how we have achieved understanding, the need to hide mistakes and rationalise errors away, the burying of doubts and uncertainties as sure signs of weakness, the denial of the significance of the doctor patient relationship.

We have achieved something unique in this Institute. We have not only unlearned many of these attitudes but we have turned them upside down and used them positively to the advantage of understanding the way in which we work with patients. A revolution. No less.

I am aware that this unique form of struggle for understanding and sharing of what worked and what didn't, this exposing of vulnerabilities, this putting the individual's way of doctoring under the microscope is only possible because of the generosity of my colleagues.

I would like to take this opportunity to salute that generosity which seems to me to be the best form of professionalism.

It gives me great pleasure to propose a toast to the future, to the future of that spirit of mutual respect of colleagues for shared craftsmanship in our work in all its settings ... Ladies and Gentlemen - The Future."

After the toast a large birthday cake presented by Wyeth was ceremoniously cut by the youngest member of the Institute.

It was a good weekend. The focus was work, most of the talk in between was about work. The atmosphere was of optimism for the future and of the quiet realisation of the relevance of the work of the Institute to doctoring today.

J. COOMBS

STOP PRESS

Letter to the editor from Dr. Rosemarie Lincoln

Dear Joan,

If it's not too late could I have a 'stop press' to convey my thanks to the Council. It was a happy surprise to receive the tribute from the Chairman at Nottingham for my years as editor. I am very proud to have been given this task whilst the Institute was developing so fast and I enjoyed the participation in all the activities which the post of editor involved. My garden token will purchase a flowering shrub to symbolise five rewarding years.

ROSEMARIE

Letter to the editor from Dr. G.R. Freedman

Dear Joan,

I said I would write to you about membership status.

'As a college, institute or other form of organisation grows there is an inevitable tendency for its categories of membership to grow with it. So it is with our Institute; we now have accredited members, associate members, subscribing members, retired members and just plain members. At some stage this confusing situation has to be resolved, but how to get the right solution!

There is precedent: the medical Royal Colleges all arrived at a moment of decision at which membership was to be attained by a process of satisfying a panel of assessors. From then onwards in the case of the R.C.G.P. membership ceased being available to new entrants to the College; they were called associates. The membership consisted of the existing members and those who passed the exam.

Perhaps a similar constitution would suit our Institute. It is clear that we must soon make decisions as to how to ensure that those who join the Institute and call themselves members have attained a satisfactory standard.

Council would welcome the views of Members! and Associates!

Yours sincerely
ROLAND

'The Making of Love' (Jonathan Cape £8.95) Dr. Prudence Tunnadine's book is to be published in paperback by Allen & Unwin. It will be available from February 25th, 1985, price £2.95.

Notes for Contributors to the Newsletter

Articles on all aspects of work in psychosexual medicine are welcome for publication in the newsletter. Manuscripts should be typed on one side of A4 paper, double-spaced with wide margins. The first page should include the title and the name and qualifications of the authors and their appointments. Each page should be numbered. Ed.

SEMINARS

(a) Leaders Workshops	London	Drs.Main & Tunnadine
	Newcastle	Drs.Main & Freedman
(b) Advanced Groups	London (two)	Dr.Main (one)
	Newcastle	Dr.Freedman
	(proposed: Cardiff)	Dr.Backer
(c) Ongoing Groups	Sharpthorne	Dr.Main
	Norwich	Dr.Lincoln
	Nottingham	Drs.Tobert & Filshie
	Gloucester	Dr.Backer
	Cambridge	Dr.Dawkins
	Leeds	Dr.Coombs
(d) Basic Groups	Barnsley	Dr.Bramley
	Birmingham	Dr.Snead
	Bristol 1	Dr.Gregson
	Bristol 2	Dr.Skrine
	Norwich	Dr.Devereux
	Farnborough, Kent	Dr.Jones
	Ipswich	Dr.Lincoln
	Newcastle	Dr.Smith
	Plymouth	Dr.Tisdall
	St.Albans	Drs.Kilvington & Gill
	Sheffield	Dr.Tattersall
	South Wales	Dr.Morgan
	North-East London	Dr.Gilley
	Belfast	
	Southampton	Dr.Skrine
	Basildon	
Oxford	Dr.Rogers	
Cambridge	Dr.Thexton	

*For further information contact
the Director of Training:
Dr.Prudence Tunnadine*