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Please return: -

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INSTITUTE OF PSYCHOSEXUAL MEDICINE

NEWSLETTER

No. 2

Editor: Dr. Katharine Draper
29 High Street,
Chipstead,
Sevenoaks TN13 2RW.

16th May 1975

Dear Doctor,

This is only the second Newsletter, and already the Institute affairs are beginning to crystallize into a defined pattern. Since the first Newsletter there have been three meetings of the Steering Committee and one General Meeting. Rather than report the individual meetings, I will summarise the collected news and decisions under relevant headings:-

1. MEETINGS

- (a) The next meeting will be held on

FRIDAY 4TH JULY at 7.30 p.m.
in
WEST HALL, ROYAL SOCIETY OF MEDICINE,
1 WIMPOLE STREET, LONDON W1

Dr. Dawkins and Dr. Blair, with help from their seminars at Oxford and Cambridge, will lead a discussion on:- 'Events in the doctor/patient relationship as revealed in seminars'.

- (b) A Meeting was held in the Marcus Beck Library, at the RSM, on 24th March 1975. A synopsis of Dr. Duddle's talk, which she was good enough to write for us, is attached as Appendix A. The Minutes, and the Agenda of the next meeting, are enclosed with the Newsletter.

We aim to report the meetings as fully as possible for the sake of those whom time and distance prevent from attending. The more informal arrangement of the Marcus Beck Library encouraged participation in the discussion, of which I include a brief report.

- (c) Future Meetings - It is planned to hold three meetings a year, two in London and one elsewhere, at the invitation of local groups, who will make the necessary arrangements. The West Country doctors are organising a weekend meeting at Bristol in the autumn, and full details will be given in the next Newsletter.

In the first Newsletter I asked you to let me know your opinions about the best timing to facilitate your attendance, and we appreciate that the increase in travelling costs makes this more imperative. Dr. Crane writes to say that the end of the week, Thursday or Friday, would be more convenient, while Dr. Watkinson suggests that our meetings should be synchronised with the meetings of the National Association of Family Planning Doctors. Any further opinions would be welcome.

1. (d) Scottish Meeting - Although we realise this announcement, from Dr. Naismith, will only give you very short notice, we include it in the hope that it may reach some interested doctors in time.

'The one day conference on psychosexual problems to be held in Glasgow, Walton Conference Suite, Southern General Hospital, for doctors in Scotland and Northern England has had the date changed from May to Friday 6th June, 11.00 a.m. - 5.00 p.m. There are a few places left for those particularly interested in training for management of these problems. Anyone interested please contact: Dr. L. D. Naismith, 9 Boclair Road, Bearsden, Glasgow G61 2AD, tel: 041-942 4015.'

- (e) Many members of the Institute attended a meeting of the London Society of Family Planning Doctors, on 18th March 1975 at the RSM, on 'Current approaches to the treatment of sexual inadequacy'. We are grateful to Dr. Carol Butcher, whose account of the meeting is attached as Appendix B.

2. CONSTITUTION

Application has been made to register the Institute as a charity and the advantages of this are described in the Minutes. We are all grateful to Mrs. Nancy Raphael and Dr. Stephen Pasmore, who have agreed to become trustees.

3. TRAINING

It was agreed by the General Medical and Training Committee of the FPA, at a meeting on 19th March, that the Panel for Training in Psychosexual Problems should be dissolved, and that the functions of the Panel should be undertaken by the Institute.

Dr. Pasmore is a member of the Training Committee - her name was omitted from the first Newsletter, due to a clerical error.

Dr. Tunnadine's report on Training is in the Minutes, and a list of seminars is attached as Appendix C.

4. MEMBERSHIP

There are now over 100 members. We must apologise to Dr. D. N. Bland of 24 Wood Vale, N10, who was incorrectly listed as Blend in the list of members. Appendix D contains a list of new members.

5. NEWSLETTER

As you will see in the Minutes, an offer to publish the whole of the Newsletter in the Journal of the National Association of Family Planning Doctors was declined, because we felt that you would prefer to circulate letters, papers and case discussions only within the Institute membership.

Extracts from the Newsletter will appear in the Journal so that all doctors working in Family Planning will be kept informed of developments in this field.

We have decided to publish three Newsletters a year, to alternate with the meetings, so that each Newsletter will contain the announcement of the next meeting and Minutes of the previous meeting. This should help to keep down our costs.

6. SPEAKERS PANEL

A number of requests have been received for speakers. It would be much easier to meet these requests if we could form a Panel of Speakers - so please would any of you who would be willing to help in this way, write to the Committee.

7. LIAISON WITH NHS

Dr. Barne, Principal Medical Officer in Charge of Family Planning in the Guys & Lewisham Districts of the Teaching Hospitals Area, tells me that one clinic for the treatment of psychosexual problems has been set up, in association with a Family Planning Clinic, in the Lewisham District. Two clinics in which pairs of co-therapists will treat psychosexual problems are also planned in the Guys District, and will be part of a team working under Professor Watson of Guys Hospital.

Please let me know of any instances in which the NHS are taking over FPA Marital Problem Clinics. The ability to quote precedents can be very helpful to other members who are involved in negotiations with the NHS working parties.

8. CORRESPONDENCE

In the first Newsletter, I asked for news or comments from members. Below are extracts from letters received.

From Miss Valerie Thompson, 81 Harley Street, London W1N 1DE:-

"Four of us met on Monday 28th April and plan to meet on the third or fourth Monday in each month at 5.30 p.m. here. We are feeling our way but agreed that case presentation is basic. When we see what our respective backgrounds throw up, we might be able to formulate a study group."

From Margaret C. Watkinson, Briar Bank, 13 Merlin Road, Blackburn, Lancs BB2 7BA:-

"Dr. Tunnadino specifically requests comments on her article, and on the discussions at the meeting in November which occasioned it. Of course, even those of us who feel that a relationship problem, whether primarily sexual or not, is best treated within the setting of the relationship which is causing the pain, still see patients individually. Sometimes wholly individually, sometimes as a preliminary to seeing two or more people together, and sometimes with individual and partnership therapy running side by side.

Like Dr. Tunnadino, I also have a spinster of 66 whose abhorrence of her sexual feelings, of her own body, has tormented her from the age of six years, when a family catastrophe seemed to have some link with her behaviour. Of course, I see her alone, although it is interesting to mention that, at one stage, she said that she thought I should meet her brother (the bachelor for whom she makes a home) 'in order to see me more in perspective'. I met him twice with her then the patient herself decided to continue seeing me alone.

"But none of the above detracts from what I tried to express at the meeting, and I disagree with Dr. Tunnadino that the discussion on whom to see, did not arise out of the cases presented.

"My part in the discussion, and my feelings of unease, certainly arose out of the second case Dr. Tunnadine presented, who had, as she writes 'been unable to enjoy her body with any of several men'. She had, however, at the time of therapy, a sexual partner who was, by both doctor and patient, excluded from the explanation of the reasons for inability to enjoy sexual contacts or even warm loving contacts.

"The other reason for my remarks was my very strong conviction that an orgasm is an orgasm is an orgasm! Of course, orgasms vary in quality, in frequency and in significance, as well as in site of origin - but this last is the least important part, and what we should be saying is 'how lovely that you can let yourself go ("give yourself" ?) into orgasms'.

"Men might say 'I come too quickly, too slowly, not often enough' etc - what they never say is 'I get my orgasm only in the glans, or the shaft'. And if they did, would we put them on a couch and scrutinise their genitals, or ask the patient to show 'exactly' where he felt his orgasm ?

"This is what Dr. Tunnadine did to her patient who shyly told her that just the sight of her lover 'made a sort of tug deep inside her' sometimes. Whose anxiety was being allayed by the clinical and anatomical pin-pointing of the area of tug ?"

We hope to see as many of you as possible at the July Meeting, but if you cannot come, then keep in touch by sending me news of any other local groups that have been formed, comments on the papers and relevant case studies.

Yours sincerely,

Katharine Draper

APPENDIX A

JOINT THERAPY IN PSYCHOSEXUAL PROBLEMS

Dr. May Duddle

Most of you have been used to treating patients with psychosexual problems on their own without their sexual partners using a basically analytical approach, adding behavioural methods only in cases of non-consummation. I began myself using the FPA methods in my Stockport Clinic in 1959 treating the presenting partner only, but I started to interview husbands also to get their stories and this led gradually to seeing couples together. Five years ago I was so impressed by the results published by Masters and Johnson that I felt these methods worth trying and have gradually incorporated them into my techniques.

Two years ago I was asked to run two outpatient psychosexual sessions at Withington Hospital and there I have been able to experiment with co-therapy and am now also running a couples group. What we are trying to do there is to modify the Masters' and Johnson's intensive fortnight's treatment into weekly interviews, although there may be a danger that we are missing out on the total push they achieve.

I feel to be most effective we need to use all available techniques. First of all we have to establish a relationship where both partners can accept their own sexuality and quite a lot of our time is spent in straight sex education, even of such a primitive type as 'the situation of the clitoris'. Sometimes I use also the more specific deconditioning techniques described by Wolpe, particularly in the very inhibited woman with orgasmic dysfunction and recently I have found it valuable to encourage the woman to learn how to masturbate herself and have occasionally even suggested the use of vibrators, although I am not entirely convinced about their effectiveness in establishing orgasm in intercourse.

Looking back to our treatment a few years ago, I feel that we did not get down to discussing what one of my patients called the 'nitty-gritty' of the subject - what is really happening in the sexual relationship. In other words we did not ourselves communicate very well in this respect with our patients. In case, however, that you feel I am suggesting that only behavioural techniques are needed I would like to emphasize that one cannot ignore the total marital relationship and may have to stop in the middle of the Masters' and Johnson's sensate focus techniques to let them talk it out using techniques much nearer the analytic.

To give you some idea of the effectiveness of all this, in the last 22 cases I have seen by myself without a co-therapist, 12 out of 15 cases of orgasmic dysfunction have improved and 6 out of 7 of impotence.

I believe we must keep an open mind on the methods of treatment we use in these cases and incorporate any method that really seems to help and which fits in with our own personality and conditions of work. I still feel very strongly that the technique of seminar training is necessary. You cannot just read Masters and Johnson and carry on. You need someone to share your anxieties when things go wrong and point out your own blind spots and help you to see what you are doing to your patients. I would, however, like to suggest that we incorporate into our training the concepts of joint therapy of both partners and use of the specific techniques I have suggested, all of which can be successfully done in the type of clinics in which most of you work.

Discussion

After Dr. Duddle's talk there was a lively discussion. Among the many points raised, Dr. Christopher questioned whether secondary orgasmic dysfunction was not usually a relationship problem. The use of vibrators was discussed, and varied results were described by several people - in some cases they had produced orgasmic response which had led on to orgasm in intercourse, while others had found that they had led to a complete rejection of the husband.

Discussing the problem of 'drop-outs', it was felt that a hospital was not an ideal environment for this work.

When questioned about group therapy, Dr. Duddle said that she had a group of five couples who had contracted to attend for eight sessions. The group itself decides the target for sensate focus. This group is still meeting. In reply to a question about 'co-therapists' she said that they trained through working with an experienced doctor, were able to act as observer of the interview, and must have a sympathetic personality.

Dr. Main concluded the debate by observing that relationships are about 'body-relationship' and 'mind-relationship', i.e. psychosomatic experiences. Masters and Johnson methods were concerned primarily with organs and only later with relationships and failure to communicate. He also criticised the way in which reality testing was carried out by directive techniques, without examining the underlying fantasy. He thanked Dr. Duddle for presenting her work with honesty and sincerity.

APPENDIX B

NOTES ON THE MEETING OF THE LSFPD HELD AT
THE RSM ON TUESDAY 18TH MARCH 1975

Dr. J. Carol Butcher MB ChB
59 Wimpole Street, London W1

I have no doubt that the inordinate attendance of doctors on this occasion owes much to the actual title of the subject matter to be discussed: 'Current Approaches to the Treatment of Sexual Inadequacy'.

Professor J. P. Watson of Guys Hospital took the meeting through the sub-divisions of treatment as he saw them:- viz Masters and Johnson techniques and the attendant difficulties of applying these in the environment of the out-patient departments of National Health Service hospitals; heredity, social and psychological aspects and 'relationship behaviour' which embraces 'object choice', 'sexual drive' and 'gender identity'. His final sub-divisions were more questions than propositions and dealt with 'arousability' and the value of considering this in a dimensional context, i.e. 'high and low arousability' and then en passant to the value of co-therapy.

This co-therapy aspect of Professor Watson's talk was demonstrated by Dr. Michael Crow (psychiatrist) and on suite by Dr. Patricia Gillan (psychologist) presenting a case illustrating the application of co-therapy in behavioural treatment. I find it difficult to reconcile and evaluate, in its context, the atypical and extreme circumstances of an erstwhile celibate ex-Priest requiring special sexual help; and further I find the situation relatively removed from that presenting every day to those among us who work in the field of psychosexual medicine. Something of what I have just said may be substantiated by Dr. Gillan herself who later in the meeting said she could find no difference between the results of the treatment without the application of individual co-therapy at one clinic and the results of the treatment with co-therapy elsewhere.

It is of questionable validity and facile to expect a non-orgasmic or psychosexual patient to be helped per se by the use of a conglomerate of erotica, pornography or by some of the other 'hardware' suggested from the platform.

During the meeting I could only reflect on the substance of the comment by Dr. P. Tunnadine writing in the first Newsletter of the Institute of Psychosexual Medicine, and endorse her conclusions the more, having now attended this meeting.

Perhaps the title of this one should have been: 'Behavioural Approaches to the Treatment of Sexual Inadequacy'.

APPENDIX C

JUNIOR SEMINARS

1. Bedford

Dr. Pru Tunnadine - Grove House, Leighton Buzzard 2554.
Convenor: Dr. J. G. R. Clarke, Bedford AHA, Hassett House, Bedford.
(Fridays 12.30 Bedford General Hospital, North Wing, Committee Room)

2. Cardiff

Dr. Hana Backer - 1 The Parade, Whitchurch, Cardiff.

3. London - Margaret Pyke House

Dr. Pru Tunnadine - 111 Harley Street, London W1.
(Wednesdays 10.30 a.m.)

4. London - Woolwich

Dr. Felicia Hutchinson - 45 Mornington Road, Woodford Green, Essex.

5. Newcastle-upon-Tyne

Dr. Roland Freedman - 1 The Grove, Gosforth. 0632-856156.

6. Oxford

Dr. Sylvia Dawkins - 27 Well Walk, London NW3.
Co-leader: Dr. Elizabeth Falle, Shotover Cleve, Headington, Oxford.

7. Winchester

Dr. Jean Pasmore - 21 Edwardes Square, London W8.
Convenor: AHA.

CONTINUATION GROUPS

1. Cambridge

Dr. Margaret Blair - Waldron Cottage, Harrow on the Hill.
Co-leader: Dr. Rosemarie Lincoln, Idle House, Yarmouth Road, Thorpe
St. Andrew, Norwich.

2. Coventry

Dr. Terry Lear - 140 St. Georges Avenue, Northampton.
Convenor: Dr. Bridget Chapman, 145 Lichfield Road, Sutton Coldfield.
(Only five so far - temporarily folded)

3. Farnborough, Kent

Convenor: Dr. K. Draper, 29 High Street, Chipstead, Sevenoaks, Kent.
(Thursdays 12.30-2.00 p.m., Farnborough Hospital PGC)

4. London - Harley Street

Miss Valerie Thompson - 81 Harley Street, London W1N 1DE.

5. London - Kensington

Dr. Jean Pasmore - 21 Edwardes Square, London W8.
Co-leader: Dr. I. C. Barne, 37 Beaconsfield Road, Blackheath, London SE3.

APPENDIX C (cont.)

6. Oxford

Dr. Sylvia Dawkins - 27 Well Walk, London NW3.

PROJECTED SEMINARS

1. Bridgnorth

Dr. Jean Gray - 9 Hall Meadow, Hagley, Worcs.
Co-leader: Dr. Shirley Snead, Beaufort Lodge, Lilleshall, Salop.
Convener: Dr. B. W. McGuinness, Northgate House, Bridgnorth, Salop.

2. London - Kensington

Dr. Jean Pasmore - 21 Edwardes Square, London W8.
Co-leader: Dr. S. J. Lucas, Forest Lodge, High Ongar, Essex.
Convener: Brian Beresford, 636 7866.

3. Plymouth

Convener: Dr. Jennifer Tisdall, Red House, Furzehath Road, Plymstock, Plymouth.

INSTITUTE OF PSYCHOSEXUAL MEDICINE

MEMBERS

Change of Address

G. Ford, Tarnbrook, Riverside Drive, Hambleton, Blackpool, Lancs - Hambleton 700115.

New Members

V. Bradburn
67 Tintagel Road,
Orpington, Kent.
- 466 29020

S. Corrin
14 Foxgrove Road,
Beckenham, Kent.
- 650 7029

M. B. Edge
South Meadow,
Greenhill Road,
Otford,
Sevenoaks, Kent.

I. Elmslie
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Knoll Road,
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- 048-68 21787

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C. Jones
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Dixton Road,
Monmouth, Gwent.

N. Magee
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Blackheath,
Guildford, Surrey.
01-647 2358

P. Rigby
Huntsmoorweir,
Cawley,
Near Uxbridge, Middx.
- 89 34898

E. Stanley
9 Shophards Close,
Highgate,
London N6.
- 01-348 1642

S. Stoevin
307 Hills Road,
Cambridge.
- 0223 48630

S. Toogood
31 Kendall End Road,
Barnt Green
Birmingham 4S.
- 021-445 2627

MINUTES OF THE MEETING OF THE INSTITUTE OF PSYCHOSEXUAL MEDICINE
HELD AT THE ROYAL SOCIETY OF MEDICINE ON 24TH MARCH 1975

Thirty-nine members attended.

Apologies were received from Dr. Pasmore, Dr. Dawkins, Dr. Brown, Dr. Tobert, Dr. Gray and Dr. Watkinson.

1. The Minutes of the previous meeting were signed. Matters arising were left until after the reports from the Officers.

2. REPORTS FROM OFFICERS

(i) Secretary's Report

Dr. Blair reported that the Steering Committee had met three times since the last General Meeting and, in addition to items mentioned in the Newsletter, the Committee had the following to report:

(a) Registration as a Charity

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

To become a Charity it is necessary to form a Trust with not less than two and not more than four Trustees. A solicitor will then draw up a Trust Deed and submit it to the Charity Commissioners. The Committee has appointed two Trustees - Mrs. Nancy Raphael and Dr. Stephen Pasmore. Trustees cannot be employed by the organisation for which they are Trustees. A Trust Deed will be drawn up.

(b) Vice Presidents

Three have been appointed. Professor N. Morris, representing the Royal College of Obstetricians and Gynaecologists, Dr. R. Gosling, representing the Royal College of Psychiatry, Dr. James Carne, representing the Royal College of General Practitioners.

(c) Future Meetings

The Committee had received an offer from the Bristol area to put on a meeting.

(ii) Treasurer's Report

Dr. Hutchinson reported that there are now 101 members. £470 subscriptions, £10 donations. After expenses, secretarial, meetings etc = £395. £300 now on deposit.

The Committee had agreed to approach some of the drug firms to see whether they are willing to give some financial support.

The annual subscription should be payable in July.

2. (iii) Editorial Report

Dr. Draper said that it was proposed to publish three Newsletters a year and asked for contributions.

The National Association had asked to put the whole of the Newsletter into their Journal but the Committee had decided to keep some items for circulation within the Institute only.

(iv) Secretary of Training Committee's Report

Dr. Tunnadine reported that there was the possibility of new groups in London, Plymouth and York. She hopes to get a register of all groups, including informal continuation groups.

She read the agreed criteria for assessment of trainees:-

1. Ability to use vaginal examination as psychosomatic experience.
2. Ability to make therapeutic use of doctor/patient relationship, with some understanding of transference and of their own skills and weaknesses.
3. Ability to select cases appropriate for this approach and to exclude unsuitable cases, e.g. patients with too extensive or deep seated personality problems and patients who cannot respond to interpretative work.
4. Ability to recognise unconscious communications and processes.
5. Some recognition of psychodynamics of emotional development.

The sub-committee had discussed the training of new leaders and suggested:-

1. New Leaders could start as Co-leaders with an experienced Leader and attend a Leaders workshop. This may not always be possible.
2. Some new Leaders may have to start without a Co-leader but should have supervision in a seminar.
3. There could be a senior clinical seminar for possible future Leaders.

3. Dr. Main reported that the administration of this work is slowly being handed over to the Institute from the FPA but there have been no official communications yet. Relations with the National Association of Family Planning Doctors is cordial and close.

4. FUTURE MEETINGS

After discussion it was agreed that the next meeting should be in London in July, and that the offer from Bristol to hold a meeting should be accepted. It was left that Dr. Tisdale should contact Dr. Orton with a view to holding a meeting on a Saturday in October.

Dr. Duddle gave a paper illustrated with slides about her work with couples with psychosexual problems. This was followed by discussion.

INSTITUTE OF PSYCHOSEXUAL MEDICINE

Meeting to be held on Friday 4th July 1975, at 7.30 p.m.
in the West Hall of the Royal Society of Medicine, London

AGENDA

1. Apologies for absence.
 2. Minutes of previous meeting.
 3. Arising from the Minutes.
 4. Brief report from Secretary, Treasurer, Editor and Secretary of the Training Committee.
 5. Any other business.
 6. Events in the doctor-patient relationship as revealed in seminars.
Dr. Dawkins and Dr. Blair, with help from their seminars at Oxford and Cambridge.
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