

May, 1976

Dear Doctor,

Already we have reached Newsletter no. 5 but this is the first Newsletter since the constitution was ratified by the A.G.M. on March 19th, and the Council has now taken over from the Steering Committee. The minutes of the AGM and the accounts are enclosed with this Newsletter.

1. MEETINGS

(a) The next meeting will be held on

FRIDAY 9TH JULY at 8.00 p.m. in the MARCUS BECK LIBRARY
ROYAL SOCIETY OF MEDICINE, WIMPOLE STREET, LONDON W.1.
on the Definition of Non-Consummation.

Dr. Main will chair a Seminar, to which all members are asked to bring brief descriptions of cases of non-consummation, so that a definition can be reached for the purpose of the research study.

(b) Weekend Conference Carlton Hotel Bournemouth September 17th-19th

Provisional Programme:-

Friday, September 17th

4.00 - 5.00	Registration and Tea	
5.00 - 6.30	Report on the Vasectomy Research Seminar Discussion	... Dr. G. Howard
8.00 p.m.	Dinner	

Saturday, September 18th

9.30 a.m.	Clinical Classification of Frigidity Does a 15 year old classification stand up today? Discussion	... Dr. M. Blair ... Dr. Pasmore
10.00 - 10.30	Coffee	
10.30 - 11 a.m.	Demonstration Seminar	... Dr. T. Main
11 a.m. - 12.30	Discussion	
12.30 - 1 p.m.	Lunch	
2.30 - 4.00 p.m.	Technique - Approaches by different doctors to psychosexual work	... Dr. Skrine Dr. Tunnadine Dr. Tobert
4.00 - 4.30	Discussion	
4.30 - 5.00	Tea	
5.00 - 6.00	Problems of Leadership	... Dr. Barne ... Dr. Citheroe
7.00	Reception	
8.00	Dinner	

Sunday, September 19th

9.30	A Study of Non-consummation to be undertaken by members of the Institute	The Research Group
10.30 - 11.00	Coffee	
11.00 - 1 p.m.	Seminars for preliminary testing of STUDY FORM Registration of participating doctors.	"

All members will receive their application forms direct from Wyeth, and Dr. Hutchinson has sent me the following notice.

"This meeting was announced as being held at St. Catherines College, Oxford, but further inspection of the College showed that it would not be entirely suitable for the kind of meeting we intended. The site has now been changed to the Carlton Hotel, Bournemouth. This may not be very popular with our members from the North, but we intend to have a meeting in Newcastle next year. Many of our members were able to come to the meeting of NAFFD on March 26th-27th and I am sure they will confirm that the Hotel was very comfortable, the food excellent and with the use of a suite of three rooms for our meetings and a swimming pool outside we should have a most enjoyable conference. We are indebted to Mr. Patterson of the Postgraduate Education Department of Wyeth Laboratories in helping us to get very advantageous terms for our stay, and to Wyeth Laboratories who are contributing generously to the cost of the meeting. With their help, we have been able to keep the cost of the weekend to our members to £25.00. This includes accommodation, and all meals from tea on Friday to coffee on Sunday. To keep costs low - we are asking you to share a double room - members will be asked to pay slightly more if they want a single room. The meeting will have to be limited to 50 members and registration details will be sent out in June or July. Firm reservations will be taken on a first come basis. We hope that many of our members will be able to come to what should be a stimulating hardworking and enjoyable meeting and bring your swimming costumes."

(c) Joint Meeting with the Balint Society

Many members were able to attend this meeting at the Royal College of General Practitioners. I am grateful to Dr. Hinshelwood, who sent me a lively account given in Appendix A.

(d) RELEVANT MEETINGS ATTENDED BY MEMBERS

- i. International Society of Psychosomatic Obstetrics and Gynaecology, Royal Society of Medicine. 4th December, 1975.

Dr. Main spoke at this meeting and Dr. Blair has kindly prepared the account given in Appendix B1.

- ii. Dr. Joy Herman has sent me an account of the meeting on 'Psycho-sexual Function of Disabled People' (Appendix B2).

2. TREASURERS REPORT FROM DR. HUTCHINSON

"The accounts shown are for the periods 24th June 1974 - 31st March 1975, and 1st April 1975 - 31st March 1976. Future accounts will run to 31st December each year.

There are some differences in presentation of the accounts from those given at the A.G.M. This is because they have now been professionally audited, rather than your Treasurers unskilled approach, and look more impressive, though I am relieved to find that the final figures were accepted.

Now that we are a registered Charity it would be a great benefit if members would agree to complete a 7-year Covenant to pay their subscriptions. Apart from showing an optimistic view of the future of the Institute, this would enable us to reclaim Income Tax - currently 35% - on the subscriptions and delay the need to increase them.

I am enclosing a form of covenant with this Newsletter. If you feel you can sign this, please complete and return in time for the annual subscription due 1st September 1976, or hand it to me at one of our meetings, to help keep postage costs down.

We now have 145 members, and all but 20 of them have paid their 1975-1976 subscriptions. If you find on checking - by oversight - you have missed this years offering, I would be grateful if you would send a cheque (£5 Full membership £3 Associate membership) directly to me at the address below,

Dr. F. Hutchinson, Hon. Treasurer, Institute of P/S Med.,
45, Mornington Road,
Woodford Green, Essex.

I have records that cheques have been paid in by Bankers Order by Dr. C. R. Pocock, and Dr. Unsworth. I have no membership records in these names, and I would be grateful if the members could let me know of their aliases, as the Bank cheques are probably in their married names."

3. THE LORD & LADY MONCKTON FUND

There has been some confusion about the uses to which this fund can be put. To clarify the situation Mrs. Nancy Raphael has prepared an account of the Fund which is given in Appendix C. We are grateful to her, both for this lucid account, and the work she does in administering the Fund for the Institute.

4. REGISTER

The Council is preparing a register of all members who are qualified to take special sessions, and this will be supplied to those who send enquiries to the Institute. Most members have given their private address to the Institute. If you wish to be entered in the Register under any other address please write immediately to Dr. Margaret Blair, Waldron Cottage, Waldron Road, Harrow on the Hill HA1 3LN.

5. CONTRIBUTIONS FROM MEMBERS

I am delighted to report that I have received two contributions. Dr. Lucas has given us some of her thoughts in "I don't get anything out of it and Nothing in it for me" - (Appendix D1) and Dr. Bischoff sent me her paper "Can a computer help in psychosexual problems" (Appendix D) which we published in case some members did not see the FPA News.

6. VACANCY

Welling FPA Clinic,
Child Welfare Clinic,
Station Approach,
Welling,
Kent.

1 Doctor for Marital Problems - 1st & 3rd
Thursday in month, 7.00 - 9.30 p.m.

Application Form from: Mrs. J. Shell,
3 Dansington Road,
Welling, Kent.

7. RESEARCH

A grant application was submitted to the DHSS Small Grants Committee on March 23rd and the result of the application will be known in the middle of May. We hope that all members of the Institute will participate in the Study.

When discussing the definition of non-consummation, the Committee found themselves in difficulty - eg "A woman presents as unable to have intercourse but has been penetrated once during an incestuous teenage relationship." Is this non-consummation? Please come to the meeting in July and help us to reach a definition.

8. ACCREDITATION PANEL

The following doctors have been passed by the accreditation panel:-
Dr. D. Davey; Dr. J. Dewsbury; Dr. H. Mountford; Dr. S. Stovin.

9. MEMBERSHIP

There are now 145 members and the list of new members and changes of address are given in Appendix E.

I have enjoyed composing a Newsletter with so many contributions from members and hope that I will hear from you with letters, reports of meetings, and case studies before the next publication in September.

PRESENTATION OF SEXUAL PROBLEMS

At an historic occasion on Tuesday February 19th, the Balint Society joined forces for the first time with the Institute of Psychosexual Medicine to exchange ideas about the presentation of sexual problems. Dr. Clyne took the chair.

Dr. Fay Hutchinson spoke first, on the recognition of psychosexual disorders in ordinary birth control clinics. Many patients believe that they will receive sympathetic handling of their problem in a setting devoted to family planning, because they see clinic staff as approving of birth control, i.e. sex without babies, therefore giving permission to want to enjoy a good sexual relationship.

Requests for help can be direct or indirect, and an increasing number of patients are seen who attend solely for help with a sex problem such as lack of orgasm, non-consummation and impotence. This is probably due to the greatly increased publicity and awareness of the possibility of help.

Dr. Hutchinson then went on to discuss in more detail the clues to recognising a problem that is not stated directly. This comes mainly from observing the doctor patient relationship; and the reaction to a physical examination.

The appearance of a patient, her clothes and manners, can lead to a suspicion of a problem, and Dr. Hutchinson cited the "black widow" mournfulness of a woman whose marriage has not been consummated. Behaviour, too, is very revealing, such as the angry, disruptive patient, and the hearty, cheerful one, both affects may be masking considerable anxiety. The meek and polite patient may be heavily defended against fears of excitement. It is worth wondering if such patients have the same effect on their husband.

The patient who says "by the way, Doctor" as she is about to leave the interview is very often desperately anxious to talk about an underlying problem, very often of a sexual nature. And another group of patients who appear to be in difficulties are those who try one method of birth control after another, always dissatisfied. Are they seeking the magic method which will give them enjoyment of sex?

The reaction to the suggestion of a physical examination, and the response to the examination, gives the doctor one of the great short cuts to understanding and helping with a sexual problem. There are patients who show eagerness to be examined, as if with great hopes that we can actually see some dysfunction of the genital area. Many others avoid the physical examination as long as they can, with numerous and varied excuses, and may express disgust, such as "I wouldn't want your job, Doctor" giving insight into how the woman views her own genital area.

Dr. Hutchinson gives many useful tips on managing and using therapeutically the reactions of ignorance and fear to her vaginal examination and emphasised the great value of encouraging the patient to examine herself.

In family planning clinics the majority of patients are women, although an increasing number of men are seeking help, either with their partners or as individuals. When they come alone it is usually with a direct request for help. With their partners they often present as the protective male, and only later show the extent of their own anxieties.

Dr. Hutchinson concluded by saying that it seems that about one third of patients attending an ordinary family planning clinic need some superficial help and explanation beyond birth control advice, and of these a small proportion may need more prolonged or extensive help.

Dr. Michael Courtenay spoke next on the presentation of psychosexual problems in general practice. In a series of 77 sexual problems 18% made a direct request for help with a sexual difficulty, and over half of them were men. A large number, 46% had a psychological presentation, such as a depressed or anxious affect and somatic symptoms of anxiety or depression. Only 4% of these were men. Finally, 36% presented with what appeared to be a purely somatic disorder, and 14% of these were men.

Dr. Courtenay felt that Dr. Hutchinson had covered the ground very fully regarding the straightforward requests for help, and the psychological presentation, and concentrated his talk on the somatic group.

Disorders of the genitourinary system were commonest in this group of patients, 44% of the patients presenting with conditions such as cystitis, orchitis, dysmenorrhoea, haematuria.

Alimentary tract complaints accounted for 19% of the somatic presentations including pruritus ani, colic, peptic ulcer, and alterations in bowel habit. A further 19% presented with irritating skin conditions, itching nipples, buttocks, and 3 patients with itching eyelids. One patient had bronchitis and another had thyrotoxicosis, The latter was, however, directly related to his sexual difficulty.

Dr. Courtenay richly illustrated his talk with some fascinating clinical material. He concluded by saying how very rewarding it had been to look at this sample in depth, and how interesting it had been to treat the patients involved.

The discussion following these talks was lively, and many more varied examples of convert requests for help with sexual problems were given, including halitosis, orthopaedic disorders, and painful scars. Paediatricians emphasised the frequency with which a sick child can be the initial presentation by parents with troubles in their marital relationship.

Several doctors voiced the fact that we must not look too avidly for an underlying problem in a somatic illness; clues will be offered if such a problem exists, and understanding of the patient is lost if we are searching for a problem instead.

The question, how direct is a straightforward request for help, was raised. In many cases sexual counselling uncovers much deeper personality difficulties.

Dr. Courtenay and Dr. Hutchinson summarised by saying that there is a time and a place for offering help. There are large numbers of distressed patients who are readily asking for treatment, without digging out problems in other patients against resistance.

Dr. Clyne had the final word, emphasising how valuable he believed the medical approach to such problems to be.

BARABA G. HINSHELWOOD.
24.2.76.

APPENDIX B1

REPORT OF THE MEETING OF THE INTERNATIONAL SOCIETY OF
PSYCHOSOMATIC OBSTETRICS AND GYNAECOLOGY HELD AT THE
ROYAL SOCIETY OF MEDICINE ON 4TH DECEMBER, 1975.

Female Sexuality

The first sessions was opened by Dr. T. Main, MD, FRCPsych.. He spoke about mothers - emphasizing that the Madonna phantasy of the devoted, caring mother is balanced by the witch phantasy of the woman who hates and steals children. The infant in time realizes that his parents have a life apart from him - a sexual life from which he is entirely excluded. He may have phantasies about this or erect defences to deny it.

A young girl may out of these phantasies feel that her mother is against her own developing sexuality. Guilt about her hatred of her mother, and sexual rivalry may interfere with her own enjoyment of her body. This lack of enjoyment can extend to pregnancy and maternity and then they become subjects for misery and suffering, not pride and joy.

Professor R. W. Taylor, MD, FRCOG, spoke about the female sexual response. He stated that the physical response can now be measured but the psychological response is much more difficult to evaluate and there is no general opinion as to the bounds of normality.

Professor S. Hirsch, MD, FRCP, MRCPsych, said that women are increasingly concerned with their position in society and the way they are responded to as persons, quite apart from the erotic aspect.

The medical profession, the majority of whom are male, still have much to learn about the real needs of women patients and have to find a better balance between these and their own convenience. He suggested that perhaps doctors have something to learn from the fact that women have started to set up self-help groups for minor gynaecological complaints and investigations.

Dr. Enid Balint said that women have feelings about their bodies which are often not understood. She thought that girls and women often know subconsciously how they want to use their bodies - to hold and be held - and often react against the pleasure they can get from their vaginas because of frustration and lack of recognition of that part of their bodies.

In the second session the theme was "The atmosphere in the Labour Ward" in which the Leboyer method of delivery was discussed. Extracts from a film of this technique were shown.

The emphasis of this session was on the possibility of making labour a rewarding and satisfactory experience for the mother and less traumatic for the child.

MARGARET BLAIR

APPENDIX B2

PSYCHOSEXUAL FUNCTION OF DISABLED PEOPLE

A meeting was held at the Royal College of Obstetricians and Gynaecologists on 21st April, to study the Psychosexual Function of Disabled People. A very full and interesting programme was arranged, and there were among other things, speakers from as far as Israel and Sweden.

The main theme was the concern felt by many workers. They had come into contact with patients with a wide range of disabilities, and recognised that they too should have the right to love "Like other People". This was the title of a film dealing with the problems faced by spastics. This showed how the need for privacy seemed to be lacking in most of the protected accommodation, and that the "bathroom shared between 6 and 7," was a poor substitute.

Throughout the day there were pleas for the recognition and open acceptance of sexuality. The medical profession was challenged to assume responsibility for the initiation of sexual counselling. Some speakers gave us insights into the change in the patients' self image, following disabilities in adult life. The supporting role required from the spouse and family was often emphasised, and this led to educational methods aimed at the patient, family and medical team. Mr. Stewart, the secretary of the Committee on Sexual Problems of the Disabled, has asked for a list of our members. He hopes that we may be prepared to help with counselling. There were 15 members of the Institute present at the meeting, confirming our interest and concern for the work, and many of our members have already been asked to help in their locality.

JOY HERMAN

The Lord and Lady Monckton Fund

In 1964 Lord and Lady Monckton signified to the Family Planning Association their wish to support the Association's work in the field of what was then called Psycho-physical Problems in Marriage, and to lend their names to a Fund for this purpose.

The Fund was sponsored by Lady Monckton, the Honourable David Astor, Lord Brain, the Countess of Radnor and Mrs. Kenneth Robinson. The National Association of Mental Health and Professor C. M. Carstairs subsequently joined the list of sponsors.

The Family Planning Association transferred to the new Fund £2,000, the residue of an existing Fund within the Association endowed for a related purpose by the late Oliver Bird. A further sum of £6,000 was raised from the Triangle Trust, the Eleanor Rathbone Trust, Baring's Bank, various friends and well wishers.

It was decided in 1965 by the National Executive of the Family Planning Association to use the Fund for "Training in Psycho-Physical Problems in Marriage". The accent was on training.

The Fund was not large and it was thought necessary by the Sub-Committee for Training in Psycho-Physical Problems to define carefully the way in which it should be used. It therefore recommended to the National Executive Committee that the Fund be spent in two ways:-

- 1) On fares for doctors travelling considerable distances to attend Advanced Seminars: (Advanced Seminars being those attended, on the recommendation of leader doctors, by those who had already worked for two years in Basic Seminars:) doctors came from as far afield as Newcastle, Liverpool, Cardiff and Northern Ireland.
- 2) On secretarial help for Advanced Seminars, such help consisting mainly in the provision of transcripts which were circulated after each meeting.

When, in 1975, the Family Planning Association handed over its training responsibilities in what had come to be known as the psychosexual field to the newly formed Institute of Psychosexual Medicine, it transferred to the Institute the balance of the Lord and Lady Monckton Fund. The Association had acted throughout in a trustee capacity as regards the Fund. The Institute in its turn must now perform this task.

NANCY RAPHAEL

APPENDIX D1

I DON'T GET ANYTHING OUT OF IT OR NOTHING IN IT FOR ME

When presenting a case at a seminar, I find I have a major problem. How do I convey to the group, exactly what went on at the interview between the patient and myself? The atmosphere, the feelings, between us, the pleasantries, the invitations, anger and despair, mine and the patient's.

The framework, the bones of the sexual situations - (ages, length of marriage, number of children, mothers and fathers, sibs and so on) is easily presented, for as obedient medical students, we learned how to present a case to our teachers who never questioned how the interview went or asked did we find it easy, difficult, awkward or embarrassing or even did we like the patient.

If we hear only the facts presented, many cases would appear almost identical, married seven years, two children, loss of interest in sex since the last pregnancy and yet we know how unique each psychosexual situation is. Of course other members of the seminar do pick up and point out interactions between the doctor and her patient, reflecting the couple's own relationship. Indeed this is one of the great values of seminar work but sometimes I realise that I have unwittingly misled the group - the interview just did not go quite like that. I've missed out some little important nuance.

However, after some time attending the same seminar, we do get to know each doctor and how she presents cases. On reflection, all my women patients are dominating females, with charming weak husbands that I tend to shield! I wonder why? My husband is charming though far from weak but perhaps I'd like him to be.

But it's not only in presenting cases that I have difficulty. Seeing more and more psychosexual problem cases, how does one remember what went on at the last interview? The panic, one feels when the notes record - married seven years, two children, low libido and a sad or cheerful, angry or subdued young woman walks in. She may remember me but I may have seen three hundred patients since our last hour together. And what does 'low libido' mean or convey? There must be dozens of F.P.A. case notes, in the North East of London, with my writing recording low libido, from the days before seminar training when, as I prescribed pill or cap, the patient just happened to mention that she didn't enjoy sex and I felt I ought to record it, as if putting it down on paper, would make the complaint diminish or go away.

More and more, I try to write down in an increasingly illegible scrawl, the exact words the patient uses, particularly her opening remark. What is she complaining of? As her interview continues, I jot down odd words and phrases she uses "Messy; Mum would have killed me; he's so nice, doesn't bother me; I always haveto ask" and so on. My own reactions, at the very moment, I record with exclamation and question marks. No! No? Fancy that; Surprise, surprise.

On re-reading these notes, I am helped to recall the feelings as well as the facts and find it especially useful to record the last words of the patient and myself - the parting shots, to take up again at the next meeting.

SHELAGH LUCAS

APPENDIX D2

CAN A COMPUTER HELP IN PSYCHOSEXUAL PROBLEMS?

The National Physical Laboratory in Teddington, having some money to spend, and being interested in computers to help medical diagnosis, offered to get one up for the Family Planning Association. I was asked to programme this machine for trial in a psychosexual clinic. Computers can only ask questions, not give advice! Questions must be phrased so that they may be answered Yes, No, or Don't know. The patient is alone in a quiet room, seated at the machine. The computer types out the first question. The patients may take as much time as they wish, to answer. The buttons pressed determines the next question. I arranged this programme to cover non-consummation, impotence in men, and lack of sexual pleasure in women. This was in the spring of 1973. It was March 1975 before the machine was installed in Raymede Health Centre.

Our first patient, an unmarried, terrified West Indian girl, was brought to the clinic by a social worker. She was 19 years old, and had two children. Her boyfriend had deserted her. It was impossible for her to speak to any of us. We left her alone with the computer. She came out, relaxed and smiling, asking if she could talk to the machine some more. I said the computer didn't know any more, and would I do? Her horrendous story poured out. She had never known anyone who listened to her, or treated her as a woman with feelings. She would never have sought help, nor was she able to write a letter to "Lonely Hearts". This kind of patient could find the computer a "way in," a life-line.

Our first 40 patients all said they enjoyed "doing it", found it "interesting" and "helpful." Six said it had "made them think," and "see things more clearly," They didn't want a consultation with the doctor. Thirty-four made appointments. Three of these failed to turn up - maybe because the date set was too far distant. A husband and wife did the programme together. They were each surprised by the other's answers. "She never told me," he said. "I didn't know he felt like that," she reported, when we three talked together.

I found I could make a tentative diagnosis from the print-out. The patients were much more relaxed when we met, especially if they saw the print-out in my hand - different from handing me a sealed letter from their referring doctor. What secrets were written there? Did I think they had steamed it open? The preliminary skirmish with the patient was avoided. They had answered some embarrassing, intimate questions, and they knew I knew their answers. No need to put on an act for me. We could plunge into into their problem, and get to the heart of the matter quickly.

A computer could be a help in a busy psychosexual clinic, especially where there were two or three therapists. Patients could have a go on the machine as soon as they asked for help. Follow-up appointments are easier if they are made soon afterwards. The process is anonymous. The patient tears off the strip and seals it into an envelope. Only the consulting doctor will open this. Their name is not on the print-out. They need not give it, unless they want a follow-up appointment. This programme needs to be revised and enlarged. I hope somewhere our computer will find a permanent happy home.

ROSAMOND BISCHOFF

APPENDIX E.

New Members

R. Bischoff,
"Limes",
Barns Green,
Horsham,
W. Sussex. RH13 7PT.
Southwater: 730865.

E. J. Blair,
Sandbanks,
South Banks,
Hassocks, Sussex.
079-18-4949.

D. Davey,
12, Millington Road,
Cambridge.

E. Deman,
20, Beaumont Street,
W.1. NIFF.
01-935-881D.

R. E. Goodman,
41, Gibwood Road,
Northenden,
Manchester. M22 4BR.
061-998-3942.

J. Marshall,
Culverton Cottage,
Batchworth Hill,
Rickmansworth,
Herts.
87-73006.

E. Mears,
13, Augusta Close,
Grimsby, DN 314JG.
0472-58763.

John Rogers,
The Surgery,
Windsor House,
Albert Street,
Slough.
75-20643.

I. Trail,
11, Wincanton Road,
London S.W.18.

B. Tully,
6, Falcondale Walk,
Westbury-on-Trym,
Bristol:

Change of Address

B. J. Robson,
159, Calais Road,
Wembley Down,
Perth,
W. Australia. 6019.