INSTITUTE OF PSYCHOSEXUAL MEDICINE

N E W S L E T T E R

No. 9

Editor: Dr. Katharine Draper
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October 1977.

Dear Doctor,

I must start by apologising for the delay in writing this Newsletter, this is the first quiet moment since the Durham weekend. I hope this delay, and the short notice of the December meeting, will not prevent a good attendance to hear Dr. Mears give us the results of the analysis of your work.

1. MEETINGS

FUTURE

(a) The next meeting will be held on

FRIDAY, DECEMBER 2ND 1977 at 8.0 p.m.
in the MARCUS BECK LIBRARY, ROYAL SOCIETY OF MEDICINE,
WIMPOLE STREET, LONDON W1.

"An analysis of the Work of Twentyfive members of the Institute"
Speaker: Dr. Eleanor Mears.

Application has been made for recognition under Section 63.

(b) The AGM will be held on Friday, 3rd March 1978 at 5 p.m. in the Marcus Beck Library, followed by a clinical meeting (subject to be arranged) in the West Hall at 8.0 p.m.

PAST

(c) A clinical meeting was held in the Marcus Beck Library on Friday, 8th July 1977 when Dr. Main and Dr. Backer spoke on "Defences against Pain". Dr. Hinshelwood has written an account of the meeting given in Appendix A1.

(d) A weekend meeting was held in Durham from September 9-11th 1977. We are again indebted to Dr. Hinshelwood for her report of the weekend (Appendix A2). A full report of all the papers has been compiled and will be distributed by Wyeth Pharmaceuticals. We are very grateful for this excellent service.

The paper by Dr. Betts and Dr. Rees on "The Learning situation in a basic seminar" will be in the October 1977 issue of the N.A.F.P.D. Journal.

RELEVANT

(e) NATIONAL ASSOCIATION of FAMILY PLANNING DOCTORS. Bristol September 23-4. A number of members spoke and acted as group leaders at the weekend meeting and I am grateful to Dr. Elizabeth Gregson, who planned this part of the programme, for the report (Appendix A3).

(f) International Congress of Psychosomatic Obstetrics and Gynaecology, Rome November 13-19th 1977. The Institute will be well represented at this meeting and I hope to carry reports in the next Newsletter.

2. TRAINING

Dr. Prudence Tunnadine, Training Secretary, has sent the following notice:-

"Advanced Training

It is hoped that from January, 1978, there will be a choice of three Advanced groups in London. I am hoping, therefore, to circulate all those on my waiting list to ask for their preferences as to times. I hope too, that any other doctors who are qualified and interested in joining an Advanced group will get in touch with me stating their preferences during the coming term.

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Those qualifying for Advanced training are doctors who have completed at least two years in a recognised Institute group and who have the recommendation of their basic training leader to proceed further. Advanced leaders will select members from the applications received.

Detailed times and venues are to be arranged but the groups will be as follows:

Dr. Main	Friday afternoons	West side of London
Dr. Pasmore	Thursday afternoons	West side of London
Dr. Tunnadine	Wednesday morning	Middlesex Hospital

Doctors who have to travel long distances may apply for help with their travelling expenses from the Monkton Fund to Dr. F. Hutchinson.

It is always possible that a further Advanced group can be arranged outside London if enough qualified members can arrange to be gathered together".

Any fully trained doctors who would like to form refresher groups should also write to Dr. Tunnadine, 111 Harley Street, London W1N 1DG.

3. REGISTER

We are all grateful to Dr. Blair for the immense amount of work that she has put in to the compilation of the Register. It will be published by the F.P.A., who will then use it to reply to enquiries about psychosexual counselling sessions. It will be sent to all members of the Institute and will be included in the next Directory published by the British Journal of Sexual Medicine. Distribution of the Register may result in members receiving many requests for therapy. During the discussion in the Council it was mentioned that members should remember the usual ethical procedure, i.e., when a patient is agreeable, the G.P. should be informed that his patient is receiving therapy.

4. ACCREDITATION

The Accreditation Panel met on July 9th and the following doctors were passed - Dr. Arthur, Dr. D. Aitken, Dr. M. Conway and Dr. D. Howell. The panel used a new procedure of a seminar followed by individual interviews which was felt to be satisfactory.

5. COUNCIL NEWS

(a) Dr. I. C. Barne has been appointed Programme Secretary and will be responsible for organising meetings. Anyone with ideas for a meeting should write to Dr. Barne, 37 Beaconsfield Road, London SE3.

(b) The Council have appointed an Executive Committee of the President, the Secretary, the Treasurer and the Training Secretary which will meet at frequent intervals to facilitate the speedy handling of the Institute's affairs.

(c) Dr. Main had a meeting with Dr. E. V. Kuenssberg, the Chairman of the Joint Committee on Contraception, to discuss "the need to recognise instructors for Psychosexual Medicine in the framework of Family Planning Instruction as supervised by the Joint Committee on Contraception", and as a result it has been decided two members of the Institute should be appointed to the Joint Committee.

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6. PUBLICATIONS

(a) The papers from the Bournemouth Weekend have now, after various mishaps, been collected together and Wyeth will distribute them to members, which again earns our gratitude.

(b) Dr. Passmore, assisted by Dr. Shirley-Quirk and myself, have undertaken to collect and publish papers by members of the Institute. We would be very glad to hear from anyone else who would like to assist with this work.

7. RESEARCH

We have been very gratified by the response to Dr. Butcher's appeal for funds for the Research Project - to date £720. has been received. Through one of our members, Dr. Eric Trimmer, £50. was given by the British Journal of Sexual Medicine.

Dr. Bramley spoke briefly at the Durham meeting to the effect that the Nuffield Foundation had forwarded our grant application to Sir Richard Doll, who was critical of our lack of controls. He suggested that half the patients presenting with non-consummation should, after a brief interview with a psychiatrist, have their treatment delayed six months, to form a control group. We felt that this was not ethical, but are still exploring some way of providing controls

Meanwhile we will proceed with a limited study of patients with non-consummation of more than 4 years, or those who have had previous treatment from an NHS consultant. A workshop to launch this study will be held on January 27th 1978, and those who are concerned have been contacted.

The Research Committee are also exploring the possibility of working with Dr. Jane Berry and the Wessex A.H.A., who should like to set up a research project in their Area.

8. CORRESPONDENCE

In Newsletter 8 p10 we published a letter from Dr. Christopher - We must apologise for the typing error which makes a nonsense of para. 2 line 26. This should read "The Institute also seems to follow strict orthodox Freudian lines on the clitoral versus the vaginal orgasm. M and J found no differences in in the vaginal reaction - that is the formation of the orgasmic platform and the rhythmic contractions of the vaginal muscles in orgasm with sexual intercourse, indirect stimulation of the mons area or clitoral body stimulation."
Dr. May Duddle has written to us on this subject and we give her letter in Appendix B1.

Not all members agreed with the appeal for research funds and I enclose a letter from Dr. Mountford in Appendix B2.

9. NEW MEMBERS

A list of new members is given in Appendix C.

10. STUDY TOUR

One of our members, Dr. Peter Brown, who some members heard speaking about his experiences in Clinics at the London Society of Family Planning Doctors, will be leading a Study Tour to Clinics in early October 1978, in which there will be a special emphasis on Family Planning and attitudes to sexuality. Cost approximately £900. Any doctors who are interested should write to Dr. Brown, 90 Darnley Road, Gravesend, Kent.

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This newsletter is shorter than recent numbers, but you will soon be receiving the full reports of the Bournemouth and Durham Meetings.

I hope we will see you at the R.S.M. on December 2nd.

Yours sincerely,

KATHARINE DRAPER

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APPENDIX A1.

DEFENCES AGAINST PAIN

Barbara G. Hinshelwood

Defences against Pain was the subject under discussion at the July meeting of the Institute of Psychosexual Medicine. Dr. Main was the first speaker.

Dr. Main introduced his paper with a reference to traditional medicine, where the naming of disorders, describing syndromes and defining pathology is all important. It gives containment and protection against fears of helplessness, with us from childhood onwards. It is this anxiety of helplessness that is the driving force in the search for knowledge and treatments. Out of this search for magic in the mastery of our world, real knowledge and understanding grows.

The labelling of illnesses is not always the reassurance to patients that it is to their doctors. Individuals don't like to be categorised. Such scientific observation can be seen as a defence against close encounter with psychic pain. It is important not to be severely judgemental about this as it can be very necessary to distance oneself from mental distress that is not properly understood.

Dr. Main then went on to describe and explain many examples of defensive attitudes in patients, doctors and seminar situations.

Patients may emphasise a bodily defect, or bad housing, or past traumas, in this way successfully avoiding an examination of the present pain. Their doctors can enter the defence situation by sending for the spouse, for example, or writing to the council for better accommodation.

Doctors protect themselves against being overwhelmed by the patients' pain by controlling the interview in various ways such as rigid questioning, doing a physical examination, reassuring etc.

Seminars can successfully avoid facing the distress by attempts to classify the complaint, making sense of the history, personal reminiscing, asking more questions. A silence about significant omissions in the account is carefully maintained.

Dr. Main emphasised that it is understanding defences and the need for them that is important. Proper respect should be accorded to mechanisms of defence and the pain they hide.

Dr. Backer read the second paper which described three successfully maintained defence situations. The case histories were taken from her Gloucester seminar. First she described a well-defended patient. This was a young married woman who complained of unsatisfactory sexual intercourse, suggesting that she was too small. At each attendance she avoided a physical examination, and the doctor was aware that the patient was controlling the situation. The seminar too avoided mention of this until the end.

The second case history was an example of a well-defended doctor. The doctor described to the seminar a young married woman who presented on two occasions. It seemed as though she wanted pregnancy by remote control as she so rarely slept with her husband. The seminar concerned itself with history, the patient's appearance, whether she needed psychiatric treatment. The patient was not examined, and it seemed :- that the doctor's reluctance to look at this woman's sexuality made her feel inadequate and defensive among her colleagues.

Dr. Backer's third case history was an example of doctor-patient collusion. A recently married couple was brought to the clinic by a layworker. The husband was a divorced middle-aged man with three children and the wife a woman of twenty-six, who had a rather eccentric upbringing on a smallholding. The wife presented herself as someone special, a precious flower, and this feeling was shared by the husband and clearly adopted by the doctor. She discussed contraception, gave the couple booklets, and avoided a more personal consultation with the woman, and a physical examination.

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The first part of the discussion that followed was concerned with citing other defences we use in painful situations, such as being "too clever"; using video; and we were unanimous that defences are inevitable. It was pointed out that as a group we are in a very defensive position, attempting to justify ourselves in a medical world. A lengthy and rather fruitless argument then took place as to whether certain practices, such as interviewing the spouse, using video, should be regarded as an accepted therapy technique, I think that most doctors agreed that it is most important to understand the nature of the doctor-patient relationship that leads the doctor to resort to these techniques. The discussion became very heated questioning the Institute of Psychosexual Medicine. Is it about a psychotherapy technique, or about the careful methodical examination of presentations in an attempt to understand as fully as possible the doctor-patient experience?

APPENDIX A2

Durham Conference - Institute of Psychosexual Medicine

Barbara G. Hinshelwood

Our annual weekend conference in Durham this year was well attended with most of the old and many new faces. The increasing number of doctors from general practice and hospitals, and the company of far more male colleagues was very encouraging. Grey College provided a friendly yet studious atmosphere for a total of four conferences that weekend, and all run very smoothly. This year we were lucky to have a secretary so that a full account of all the papers and discussions can be read in the Newsletter.

After tea on Friday the Bursar of Grey College gave us a warm welcome then Dr. Main took the chair and introduced the first session; Experiences in Different Clinical Settings. Dr. Heather Thompson gave an account of her work in family planning clinics, and spoke of how important the seminars had become for her. Dr. Law works in a teaching hospital. She attends post natal and gynaecology wards routinely, and others as requested, and is involved in teaching students. In her psychosexual clinic, referrals come from hospital colleagues in all departments. Dr. Rogers spoke about his general practice. He has various treatments to offer the patients who report with a psychosexual problem and he discussed how he selects those whom he feels would benefit from 'seminar type' treatment.

For Dr. Rogers the on-going nature of the doctor-patient relationship is an important factor; there is plenty of time for the situation to unfold. Dr. Thompson makes a more calculated and short term contract with her patients who have shown their motivation by seeking out the clinic. Dr. Law is able to be of enormous prophlactic help to patients at a vulnerable and emotional time of change in their lives.

Saturday was a very full day. Dr. Rees and Dr. Betts presented their paper on learning experiences in a basic seminar, then Dr. Berry and Dr. Morgon on learning experiences in an advanced seminar. Each paper was followed by small group discussions. The general impression I got from all the groups was that in the first years of seminar training initial enthusiasm is followed by questioning and searching for new approaches. Requests for book-lists, lectures, work-shops, changing seminar leaders, etc. were sometimes put into practice. However, although the information gained was useful it seemed that most doctors were very pleased to return to the discipline of their own seminar. There was much more general agreement from doctors who had experience of advanced seminars that there is little point in changing the nature of a seminar and that other learning methods, such as behaviour therapy work-shops, and lectures, can be had elsewhere.

On Saturday afternoon Dr. Thexton and Dr. Lincoln gave their account of the work of the research group on male ejaculatory difficulties. This was obviously something we had all been waiting for because of the rapidly increasing number of men seen in psychosexual clinics. The discussion following was too lively to break up into small groups as planned.

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Does social class make a difference to the presentation and treatment of psychosexual problems? Dr. Freedman and Dr. Dunleavy each presented a paper on this subject and Dr. Freedman showed video film of two interviews with a young married woman. These we all enjoyed, and it became a rather lazy session talking about the purpose and cost of filming, who benefits, is it therapeutic to show the film to the patient, etc., Andy Capp was analysed and loved for his faults. We generally agreed that psychological class is of much more importance than social class.

I suppose everyone was eagerly awaiting Dr. Draper's paper, the Walworth Experience, on Sunday morning, and we were not disappointed. Many of our meetings in the past have been coloured by enthusiastic support of various therapeutic techniques without always appearing to have the reasoning and understanding behind them that we aim for in the Institute. Dr. Draper's paper seems to me to do a great service by the painstaking and unbiased approach she has taken to a subject that has been discussed rather more emotionally on previous occasions.

The conference was a most enjoyable experience academically. Our thanks go to Dr. Main, the president, who chaired the meetings throughout. I think the social atmosphere was enjoyed too. We were well catered for by the staff of Grey College, the food was pleasant and accommodation comfortable. There was plenty of time to greet old friends and colleagues, with quiet informal drinks in the bar. We are very grateful to Wyeth Laboratories for their financial support, and their representative, Mr. Paterson who was personally involved in the organisation, together with members of the Institute from Newcastle. Wyeth treated us to a very splendid celebration dinner on Saturday night, a lovely finish to a full day of study and sight-seeing. We all visited the magnificent Cathedral, and strangers to the city were grateful to Dr. Munro, for his friendly and enthusiastic guide to Durham, helping us to get the most out of our stay.

APPENDIX A3.

Conference of National Association Family Planning Doctors, Bristol.

Elizabeth Gregson

At the conference of National Association Family Planning Doctors held at Bristol University on September 23/24, one of the sessions owed much of its undoubted success to the co-operation of members of the Institute.

The object was to assess the influence of attitudes, both in patient and teachers, on the choice and ultimate success of contraceptive methods. A short introductory paper on use-effectiveness and motivation was presented by Dr. Elizabeth Gregson; this attempted to formalise the enormous fund of knowledge, special to experienced family planning doctors, of those factors relating to attitudes to sexuality which affect birth control practice. It is in the anticipation and prevention of failure, rather than contraceptive methodology, that our expertise is still not properly taught.

The meeting then divided into 12 study groups, each with an experienced seminar leader; cases and situations were presented illustrating how the interaction of the personality of instructing doctor/trainee/patient can sometimes influence - be it for good or ill - the choice of contraceptive method. Later plenary discussion revealed that one of the most interesting questions, almost universally discussed, was the "defence" by an instructing doctor of "her" patient, in the presence of a "difficult" trainee. This clearly requires considerably more study, but all members were stimulated to greater appreciation of the complexity of analysing for whose benefit some of these steps were taken.

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The concluding part of the programme was opened by Dr. Sylvia Dawkins, who was asked to speak to the title "Acorn to oak tree - why we sought Dr. Balint's advice." She expressed to perfection the reason why links between family planning doctors and training in psychosexual medicine first became, and continue to be, essential.

Dr. Prue Tunnadine next spoke on "Anxiety in contraception" which had clearly been the real theme of the afternoon; her exposition of how training had influenced her work, and of how anxiety can be used, was masterly.

N.A.F.P.D. Council would like me formally to thank the Institute of Psychosexual Medicine for having exposed themselves to the risk of this rather new teaching situation. The experiment was an undoubted success and, we hope, serve only to strengthen future links between our organisation, and to reinforce our belief in the value of the Institute's training programme.

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APPENDIX B1

CORRESPONDENCE

Letter from Dr. Duddle

Dear Dr. Draper,

There have, in recent years, been enormous changes in the treatment of sexual dysfunction in the States, as Dr. Christopher emphasises in her recent letter. We must be aware of these and prepared to use methods which work. As. Dr. Main well knows, I have advocated the inclusion of behavioural techniques into our methods of therapy for many years, myself using de-conditioning under relaxation of individual patients as well as the sensate focus and other techniques described by Masters and Johnson when seeing couples together. Some of these methods, for example, the techniques advocated by the La Piccolos and their co-workers (1) to help the inhibited female patient come to terms with her own genital regions, are only more explicit extensions of those used by us all for years - especially in the treatment of non-consummation.

These methods work. With some of our patients they would be inappropriate, but in others they may make all the difference between slight improvement and - dare I say it - actual cure of the presenting symptoms? There may, of course, be many other problems underneath, but behavioural techniques, as Kaplan (2) has pointed out, can bring these to the surface more quickly, making them more accessible to help.

If we are to use these very explicit sexual techniques we ourselves need to overcome our own inhibitions and blind spots, and the S.A.R. films are invaluable in helping us to do this and are used in the States to train therapists. Ideally, I think, they should be combined with seminar training as we have been doing in the last few months in Manchester.

These films can also play a part in undergraduate education and are now being used for this purpose in this country since, happily, some medical schools are aware of the need to teach human sexuality so that future doctors can help with the sexual problems their patients increasingly present to them. I think it is important that both male and female teachers take part in this teaching, just as I find co-therapy with male and female therapists the best method of treatment for most couples. Whether it is due to our chromosomes or to conditioning by society, there is still a very big difference in male and female attitudes to sex in this country. We must try to overcome our socially-conditioned (?) female diffidence, to speak up for ourselves and ensure a balance between these attitudes in undergraduate teaching.

REFERENCES

1. Heiman, J., Lopiccolo, L. and Lopiccolo J.
Becoming Orgasmic: A Sexual Growth Programme for Women,
Prentice-Hall, New Jersey, (1976).

2. Kaplan, H., The New Sex Therapy. Balliere & Tyndall,
Boston (1974).

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APPENDIX B2

Letter from Dr. Mountford.

Dear Dr. Blair,

I am writing to you as Secretary of the Institute of Psychosexual Medicine to express my concern at the way in which money is being raised to finance the Institute' research project, namely, by asking each member to subscribe ten pounds.

I feel that whereas it is proper to give our time and effort it is not proper to give our money. People running blood banks do not, indeed are not permitted, to give their own blood.

I believe that there are recognised means of financing research and that this is not one of them. If the project cannot pass the proper channels then there must be something wrong with the project. We are like the man who publishes his own novel.

I understand that the main object of doing this research is to promote the reputation of the Institute to convince others of the validity of our work. If the means by which this is done are open to criticism then, whatever the value of the research may be, are we not in danger of acquiring a doubtful reputation from the very start which would be disappointing, even damaging to us all.

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APPENDIX C

CHANGE OF ADDRESS

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NEW MEMBERS

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