

## PROBLEMS OF SEX IN GENERAL PRACTICE

### WELCOME

**Dr J. J. Sheehan, M.B., B.Ch., B.A.O.N.U.I.** (*Provost, East of Ireland Faculty*)

**I**T IS my pleasant duty to introduce to you the chairman of the symposium, Dr Stafford-Clark, consultant psychiatrist of York Clinic, Guy's Hospital, London, whom you all know already in various ways. Dr Stafford-Clark will explain to you the manner of running this symposium and the methods by which questions can be asked, and I propose immediately to vacate this chair and hand over to him.

**Dr Stafford-Clark;** Provost, ladies and gentlemen, first of all we bid you welcome. I do this in my role as chairman; I am not your host. The Geigy Pharmaceutical Company Limited, the Council of College of Ireland and Trinity College are collectively our hosts, and we are all very grateful to them. You may ask, perhaps, whether the title of this conference is one which you would have chosen. We have chosen it because 'problem', although a much overused word, is the right word for the kind of thing we are talking about. We are not talking about perfect sexual relationships, perfect understanding and perfect fulfilment, although that is the aim of every human being one way or another; we are talking about things that go wrong for one reason or another, and you might pause for a moment to ask why the most fundamental human act of creation and renewal of human life should be so apt to go wrong in so many ways and for so many reasons. This is one of the things underlying this conference which we want to try to tackle honestly. Fear and hope characterize the average person's attitude to sex before, during and after experiences of it.

They are always hopeful that it will be alright, and I suppose often it is. They are always fearful that it may not be if they ever had experience of failure (and few people haven't), and fear and hope constitute one kind of ambivalence. There is another kind of ambivalence, another kind of mutually contradictory problem which surrounds sex and that is what I have called magic and denial. Magic is the demand that everything should be perfect when nothing human is ever perfect. Denial is the sadder of the two because it is a mixture of defeat and apprehension; from time to time people deny that they have a problem and therefore do not take it to anybody, and it is part of the doctor's job to build the bridge between himself and his patients so that they feel they can acknowledge that there is a problem when there is one. Another form of denial is denial that if there is a problem, it is their problem: it is their wife's or their husband's, or society's because they are homosexual, and if they could just live their lives the way they wanted to, there would not be a problem. This again is a kind of denial which leaves out the most essential thing, which is that, although we all suffer, and many of us suffer in many ways innocently, there is no kind of suffering and no kind of guilt which does not involve us and an acknowledgement on our part; again the doctor has to help the patient to recognize this.

Finally of course, there is the denial that there is anything wrong, either with society or with oneself, except that there is a complete reversal of what ought to happen. This is a rarer kind of sexual problem, but I see it quite commonly in my particular work. I am referring to people who are sure that they ought to be of the opposite sex, and I mention this only because there is a kind of conspiracy again to pretend that there is some fundamental solution to this, and that men who believe they ought to be women and women who believe they ought to be men can find some magic to turn them from the sex they are into the sex they are not. Again the doctor has to face squarely that simple reprimand on the one hand or the pointing out of the obvious, that if you are a man you cannot be a woman and if you are a woman you cannot be a man, is not enough, because this is a cry of banishment from the heart, as in

most sexual problems. "I am not where, with, or doing what I would like. I am excluded from something which is universal, which nature and God provided, and yet for me there is something wrong with it."

It is our task today to contemplate the intensely personal and yet professional aspect of what we can do for people who have these problems, whatever their nature, and then to realize that, given all other techniques and all other possibilities, ultimately sexual problems demand communication, confidence, trust and a meeting of minds and feelings at an unpretentious, non-authoritarian level. It is so difficult to talk about failure in oneself or in somebody else to somebody who one feels is going to despise one. This is why impotent men do not consult their doctor, why many frigid women do not consult their doctor, why many adolescents do not ask anybody the things that they want to know, why many marriages on the rocks continue to go further and to be pounded into a wreck by the seas of misfortune which have encompassed them, without turning for help. When people do not ask for help it is always partly the responsibility of those who might have provided that help, that it was not evident enough, clear enough or timely enough.

We have come here today not simply to discuss the problems but also to prepare ourselves to see what we can do about these problems. The first thing, of course, is to establish communication. This is the job of the doctor in this setting, to be someone who can be talked to, someone who can listen, someone who can make a contribution, and I would like to conclude my opening remarks with a story which I have told before and even told in this city before. It is a story of a young priest and an old priest. The young priest was going to hear his first confession and he said to the old priest: "Father, I am extremely nervous about this, because goodness knows what I'm going to hear, and I am not at all sure I shall be able to keep my head and say the right things". The old priest said: "My son, the important thing is to stick to a few simple rules and to listen, and you'll find it will be all right, but just to help out," he said, "I'll come along. I'll sit in. I won't say a thing, and at the end I'll tell you how you did". This

was in a small village and there were lots of young men and maidens and old men and old women, and people of our own age, and they all had their problems, a lot of them being the sort of problems we are concerned with, and the solutions were not all orthodox, conventional, or acceptable. After a gruelling couple of hours the job was finished. The two priests walked away and the young priest said anxiously: "Well Father, how did I do?" and the old priest said: "My boy, you did splendidly. I've just got one piece of advice for you for the next time. I think from time to time there should be a bit more of the tut, tut, tut, and not quite so much of the phew!" For the doctor, neither of those expressions is appropriate; he should listen as a human being entering into a human situation. What the patient wants is wisdom, kindness, and acceptance. More than that he cannot ask; less than that he cannot, indeed, accept or bear.

## THE PROBLEMS

**J. Barnes, M.B., B.Ch., N.U. IREL.** (*General practitioner, Dublin*)

Mr. chairman, ladies and gentlemen, we have gathered here to discuss several aspects of sex which appear important to us in general practice. Our choice of topics has not been capricious, because our choice has been influenced by the relation these topics bear to marriage, and it is therefore most appropriate that our first guest speaker be Dr John Marshall, who is a medical adviser to the Catholic Marriage Guidance Clinic of London.

Surely all the sexual problems of marriage are brought into focus by such a clinic or guidance centre, and it is my earnest hope that he will not only outline the organization, function and achievements of this clinic, but by the force of his argument convince us that we need such a clinic here in Dublin. To us in general practice he will be speaking to the converted. Our patients will show all the usual causes of unhappy marriage that exist in other countries, but I personally feel that circumstances in Ireland will modify these fundamental stresses so as to give a characteristic Irish slant to them. First and foremost is the absence of divorce and the secondary