

**THE PSYCHOSEXUAL COUNSELLING
TAPES OF Dr. JOAN MALLESON**

-New Theories-

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Abbreviations

ALRA *Abortion Law Reform Association*

BBC *British Broadcasting Corporation*

BMA *British Medical Association*

Br Med J *British Medical Journal*

CEC *Central Ethics Committee*

ES *Eugenics Society*

FPA *Family Planning Association*

FWA *Family Welfare Association*

LSM *London School of Medicine*

NHS *National Health Service*

NKMWC *North Kensington Marriage Welfare Centre*

NMGC *National Marriage Guidance Council*

ODNB *Oxford Dictionary of National Biography*

RCOG *Royal College of Obstetricians and Gynaecologists*

UCH *University College Hospital*

WL *Wellcome Library for the History and Understanding of Medicine, London*

WWC *Women's Welfare Centre*

'JM', 'Joan Malleison', and 'AM', 'Andrew Malleison' are used in footnote text

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INTRODUCTION

The aim of this study is to facilitate use of a little-known source, The Malleson Tapes, for future researchers of the history of sexuality and of sex counselling, by offering new theories on the function and provenance of the source in historical context. The Malleson Tapes comprise eighteen recorded case studies of psychosexual counselling consultations with women and men, made by Dr. Joan Malleson in London, in winter 1955-1956. Malleson was an outspoken contraceptive advisor, sex counsellor and educator, who had been active in progressive social and medical movements, particularly the Family Planning Association [FPA], since the 1920s. Potentially, the recordings offer unique insights into the doctor-patient encounter in a psychosexual counselling situation. However, little is known about The Tapes themselves. Malleson's son, Andrew, donated them to the Wellcome Library for the History and Understanding of Medicine

(hereafter WL), via Hera Cook, in 2003. Prior to this, they had been in his possession since his mother died in 1956, and were unknown in academia. Cook recently presented a phenomenological appraisal on selected content from six tapes at an IHR Women's History seminar in June,¹ but historical narratives surrounding the source overall are scant. This paper attempts to present a foundational investigation of The Tapes' provenance and likely intended functions with a view to facilitating future research.

THE TAPES AND THEIR SIGNIFICANCE

The Malleson Tapes data are comprised of ten audiocassettes, which are direct transfers from ten original EMI quarter-inch magnetic tape reels held by the WL. They contain eighteen recorded psychosexual consultations lasting between five and twenty minutes, featuring mostly married clients, in session with Malleson. There are between one and four consultations per tape, divided into topics indicated by hand-written box-labels. The Tapes have been edited to include verbal introductions from Malleson, and to exclude identifying data. Overall, the content yields rich information relating to the social and cultural contexts of Malleson's clients, who discuss their sexual problems, social and family lives, work and leisure, and personal aspirations. For researchers of post-war London and of sexuality, The Tapes offer a unique window into patients' sexual and emotional worlds at a time of major societal change. Whereas written sources, such as

¹ Hera Cook, "Sex Counselling and Hierarchies of Class and Gender in Mid-twentieth Century Britain" (paper presented at the Institute of Historical Research Women's History Seminar, London, 15 June 2012). Cook also presented on Malleson prior to this paper; "'Friction under emotional circumstances'? Dr. Joan Malleson and interpretations of female sexuality among English women in the birth control movement", paper given at the Fifth European Social Science History Conference, Berlin, on March 24th, 2004.

the Family Welfare Association [FWA] case notes, Mass Observation's 'Little Kinsey', or letters written to Marie Stopes, are indicative of attitudes towards sexuality in mid-twentieth century Britain, The Malleeson Tapes capture nuanced, real-time aural evidence of interactive doctor-patient testimony alongside unique audio information about the psychosexual counselling environment. Only Carl Rogers, in the USA, is known to have made comparable, contemporary recordings (of non-directive talking therapy sessions) and, as such, The Malleeson Tapes are unique in the UK.

AN UNEXPECTED TWIST: A NEW RESEARCH QUESTION

The Tapes' content was the original object of this investigation, the intention being to draw new insights through comparisons between historical oral testimony and the cultural historiography of postwar London. However, research coincided with Andrew Malleeson's completion of an unpublished family genealogy,² which states that Malleeson recorded covertly, without the knowledge or consent of her patients. A re-examination of evidence from the recordings suggested that this version of events is plausible, but the revelation posed problems. The source might be considered especially valuable, as patient testimony is potentially unmediated by awareness of a recorder. Conversely, detailed extracts of the source could not be used without considerable ethical concerns, not least of which is the likelihood of living patients. In order to make informed decisions about the ethics of using The Tapes' content for future research, it

² Andrew Malleeson, [hereafter 'AM'], "Discovering the family of Miles Malleeson 1888-1969." (Unpublished genealogy. 2012). Recently, a Google Books edition has been made available, http://books.google.co.uk/books?id=WBVhkj_JAJ8C&printsec=frontcover&source=gbs_ge_summary_r&cad=0#v=onepage&q&f=false.

was necessary to understand the purposes and intent behind their production. This formed the new investigative direction of the paper.

METHOD

This paper proposes new theories about where, why and how The Malleeson Tapes were made. As such, reference to the source's recorded content (some 40,000 words of verbatim transcripts produced as primary research) is unavoidable. However, in light of Andrew Malleeson's claim that his mother recorded in secret, and in view of the possible covert nature of the entire source, patients' verbal testimony is not quoted. Surveys of The Tapes' themes are presented, and related aural and material evidence is investigated, but direct quotations come only from Malleeson. As a discussion of the private lives of the clients is not the aim of this study, arguments are made using additional original research. Telephone interviews with Andrew Malleeson suggest that the tapes were produced in the winter of 1955-1956, shortly before his mother's death. A comparative micro-study of Malleeson's professional activities at this time was conducted. Other archival sources, which suggest personal, professional, social and cultural reasons for the Tapes' creation, are also investigated. This includes written items from the FPA archive [WL], particularly the 'Joan Malleeson Papers', Malleeson's professional writings, and posthumous accounts of her life by friends colleagues. Archival information on Malleeson's UCH Contraceptive and Dyspareunia clinics is not available, and information has been taken from journals, secondary sources and an interview transcript with Dr. Sylvia Dawkins, Malleeson's friend and colleague. A visit to

Malleson's former home and private practice in Regent's Park has helped postulate a theory that the tapes were produced at several locations as FPA training materials. Andrew Malleson's account of The Tapes and of his mother's life in *Discovering*, are referenced throughout in conjunction with additional data from telephone interviews.

LITERATURE REVIEW

Joan Malleson was a regular contributor to the medical press. She wrote many books and papers, and was active in significant movements related to birth control and abortion. She contributed to the understanding of the menopause and infertility. In 1938, she procured an illegal termination for a teenager who had been gang-raped and, with Dr. Alek Bourne, avoided prosecution after a sensational trial. The availability of abortion on medical grounds was extended as a result of their acquittal. Consequently, although there have been no major works on her to date, Malleson is familiar to researchers of the history of sexuality and related fields. Her research on the menopause has been investigated by Strange, De Costa, Drife, and Farmer. Keown and Brooke have each cited her pivotal work in the Abortion Law Reform Association [ALRA] as have Cook and Hall, who have also addressed her counselling and FPA activity in several works. Irwin's work on the history of Psychosexual Counselling in the 1970s has made specific reference to Malleson's role in the early provision of this service. Malleson moved in progressive circles. As such, she is mentioned in related biographical works, such as Russell's *The Tamarisk Tree*, and Brown's *JD Bernal: The Sage of Science*.

Davies' unpublished BSc dissertation, "Dr. Joan Malleson, 1900-1956: her role in the abortion and family planning movements", is currently the only dedicated work available, and has been particularly valuable to this study. Andrew Malleson's *Discovering* contains much on Joan Malleson's life and that of her immediate family and relations. At time of writing, Cook is researching a biography of the emotional lives of Joan and Miles Malleson.

1

“This Sort of Work”

THE WORLD OF JOAN MALLESON, 1899 - 1956

Joan Graeme Billson was born in Leicester into a socialist, coalmine owning family. She was taught at the co-educational Bedales school, Hampshire, and studied medicine between 1918 and 1923, at University College and Charing Cross Hospitals.¹ A short sabbatical enabled her marriage to Miles Malleison, the successful actor, and to bear their first child, Nicholas Borrell, but she had qualified by 1925.² After several partnerships in general practice with female doctors working in poor areas, dealing especially with working class and prostituted women,³ she restricted

1 “Malleison , Joan Graeme (1899–1956),” D. E. Martin in Oxford Dictionary of National Biography [ODNB], online ed., ed. Lawrence Goldman, Oxford: OUP <http://0-www.oxforddnb.com.catalogue.ulrls.lon.ac.uk/view/article/54690>, accessed August 31, 2012.

2 Marika Davies, "Dr. Joan Malleison, 1900-1956: her role in the abortion and family planning movements", (BSc Dissertation, Wellcome Institute for the History of Medicine, 1996) 5; Martin ODNB.

3 AM “Discovering.” 57-58; AM, discussion with the author, telephone, July-August 2012.

her professional interests to contraception and gynaecology.⁴ In the coming decades, Malleson would participate in a number of notable social and political upheavals. By the mid 1930s, her specialisations formed the sole remit of her private practice at Kent Terrace, Regent's Park,⁵ and her sessions at Family Planning Association [FPA] centres.

The focus of the FPA at this time was providing birth control for working class women,⁶ but Malleson also specialised in infertility and 'marital difficulties' at the Islington⁷ and Kensington branches.⁸ During the war, she continued to practice in London.⁹ However, the FPA's hitherto progressive direction stagnated under war conditions and, as Hall writes, 'its work was reduced to keeping services going rather than campaigning for their extension or continuing research.'¹⁰ Post-war, the FPA would eventually resume its expansion, but the general position of women had not much progressed. For example, although permitted to engage in limited war work, women's biological abilities were prioritised over personhood, and proposals to give married servicewomen contraceptive advice were rejected.¹¹ The 1949 Royal Commission on Population report approved a new emphasis on 'the wife's role as companion to her husband as well as a producer of children'.¹² Malleson had given Eugenic evidence to the

4 Davies, "Dr. Joan Malleson." 28-30.

5 AM "Discovering." 57.

6 Audrey Leathard, *The Fight for Family Planning*, London: 1980, 75.

7 C. L. Katial, *Finsbury Borough Council Public Health Department Handbook relating to Public Health Services in Finsbury* (Finsbury Borough Council; 1938), 65.

8 Davies, "Dr. Joan Malleson." 5.

9 AM "Discovering." 57.

10 Lesley Hall, *Sex, Gender and social change in Britain since 1880*, (Basingstoke: 2000), 141.

11 Ibid.

12 David Kynaston, *Family Britain, 1951-1957*, (London: 2010), 567.

commission in 1945,¹³ and the continuing work of the contraception campaign adapted to the renewed emphasis on ‘the family’, and women’s repatriation to marriage. There had been a shift in FPA clinic attendances since the 1930s, resulting in poorer clients no longer dominating the lists.¹⁴ This could be seen as embodying the homogenisation of the ‘modern’ postwar woman by fashion and popular culture, which decreed that gender was again binary, and happiness was to be found in home life.¹⁵ As Brooke writes, ‘Working-class women were represented as achieving the modern control over their bodies that middle-class women had achieved in the 1930s.’¹⁶

The post-war Welfare State rested strongly on the binary division of labour, and emphasised gender roles.¹⁷ Although the NHS was to be available to all and publicly financed, its creation had been politically delicate, and the contentious issue of birth control was left to voluntary societies, such as the FPA and Marie Stopes’ clinics.¹⁸ In 1950, Malleison was appointed first Medical Officer of the pioneering contraceptive clinic at UCH, a subsidiary service under the Obstetrics Department. Birth control had first been provided to married women in the early 1930s, under memorandum MCW/153, on the proviso that complications would arise from pregnancy. The UCH contraceptive clinic was the first of its kind at a

13 Ann Farmer, *By Their Fruits: Eugenics, Population Control, and the Abortion Campaign*, (Washington: 2008), 103.

14 Leathard, *Family Planning*, 75.

15 Paul Addison, *No Turning Back: The Peacetime Revolutions of Post-War Britain*, (Oxford: 2010)85.

16 Stephen Brooke, *Sexual Politics: Sexuality, Family Planning, and the British Left from the 1880s to the Present Day*, (OUP, 2011), 141.

17 Hall, *Sex, Gender*, 146, 147.

18 Ibid.

teaching hospital,¹⁹ but did not challenge the seemingly synonymous relationship between womanhood and motherhood. The UCH Dyspareunia clinic was set up in 1954, again under the umbrella of Obstetrics, as an offshoot of the contraceptive clinic. Specifically, it took those patients for whom penetrative sex was emotionally or physically painful, mirroring ‘marital difficulty’ sessions Malleson had setup at the Islington and Kensington FPA branches.²⁰ It took referrals mostly from the UCH, the Contraceptive Clinic, and related hospitals, such as the Elizabeth Garrett Anderson.²¹ Sexual difficulty was to become Malleson’s best-remembered area of expertise,²² and was linked with her work on infertility.

Overall, Malleson’s career paralleled the growth of many movements to which she was allied, including the Abortion Law Reform Association [ALRA] and FPA in the 1930s, and by the mid 1940s, the Eugenics Society [ES].²³ These burgeoning, controversial groups grew up together and Malleson cooperated even with those she privately disliked, such as The National Marriage Guidance Council [NMGC].²⁴ During this period, her private life was difficult and strained.²⁵ Malleson’s husband deserted her after the birth of a second child, Andrew, in 1931.²⁶ She survived resultant suicidal feelings, but struggled with severe depression thereafter.²⁷ At the

19 Joan Malleson [hereafter JM] and W.C.W. Nixon. Correspondence. *Br Med J* 1955;1:543.1.

20 Sylvia Dawkins, interview by ‘Television History Workshop’, 1988, rolls 66, 67, 68, transcript, WL GC/105/26

21 Ibid.

22 Davies, “Dr. Joan Malleson.” 28.

23 Ibid. 41.

24 AM, discussion.

25 Cook, “Sex Counselling”.

26 Ibid., Cook; AM “Discovering.” 52.

27 Ibid., Cook; Ibid., AM.

height of her achievement, returning from an exchange trip to the Antipodes, she died, aged almost 57, on May 14th 1956 off the coast of Suva in Fiji. It was reported that had drowned whilst swimming.²⁸

Fig.1



A SUICIDAL LEGACY? MALLESON'S FINAL YEARS

Although the official verdict was drowning due to coronary thrombosis,²⁹ neither of her sons believed it. In his family history, Andrew Malleison described his mother's stated intention that '...if her depression became unmanageable she would inject herself with a large dose of insulin and swim out to sea. The cause of her death could remain undiscovered.'³⁰ In telephone interviews, he has reaffirmed his conviction that her death was a suicide. He has further proposed that, rather than acting spontaneously, Malleison deliberately orchestrated her affairs in anticipation of suicide. The Malleison Tapes, he says, were produced as part of this process. Between

28 Obituary addendum, *Br Med J* 1956;2:248.1.

29 Ibid.

30 AM "Discovering." 58.

1954-1955, Malleeson systematically reduced her active work with the FPA, particularly at the Kensington branch, and ensured that substitutes were ready at all the clinics where she worked as a psychosexual counsellor. Her successful grant application to the ES, in her capacity as Medical Officer for Kensington FPA in 1953, could be seen as the first phase of this handover.³¹ Having previously lost funding to the NMGC in 1948,³² the grant secured the centre's immediate future through a three-year stipend from the Eugenics Society beginning in 1954.³³ By 1955, Malleeson was no longer practicing there,³⁴ and her long-held mantle as consultant for the Clinic for Sexual Difficulties at Kensington was passed on to R. Christie Brown.³⁵

Malleeson also abbreviated her FPA Executive Committee involvement to Sub-Committee work in 1954.³⁶ This reduced her clinical practice to three sites; the Islington FPA, which she had co-founded in 1934,³⁷ the UCH Dyspareunia Clinic, which she began under Professor Nixon in 1954,³⁸ and her private practice at Kent Terrace (also her home). Upon leaving for New Zealand on 20th January 1956,³⁹ Dr Sylvia Dawkins, a close friend and colleague,⁴⁰ replaced her at UCH.⁴¹ Dawkins also worked at

31 Davies, "Dr. Joan Malleeson." 30.

32 Ibid.

33 G. Aird Whyte, "The Eugenics Society" ["Part of a symposium on "The Future Activities of the Eugenics Society, at Members' Meeting on Wednesday, November 18th, 1953"] *Eugenics Review* 46 (April 1954): 19.

34 *The Medical Directory*, 1954-1955.

35 R. Christie Brown, correspondence. *Br Med J* 1955;1:106.1; JM and William Nixon, correspondence 1955;1:543.1.

36 JM and Irene James, correspondence, June-July 1954, Joan Malleeson Papers, FPA Archive. WL SA/FPA/A14/58.

37 Islington FPA Press Release, 22 May 1957, Malleeson Papers.

38 Davies, "Dr. Joan Malleeson." 28; Dawkins, interview; JM and W.C.W. Nixon. Correspondence. *Br Med J* 1955;1:543.1; *Medical Directory*, 1953-1955.

39 F. Bartrum and JM, telephone conversation, 13 December 1955, Malleeson Papers.

40 Ibid.

Islington, and had been personally installed by Malleeson at UCH in 1954.⁴² She remained at both sites in Malleeson's absence.⁴³ Dr Mears, who ran a gynaecology clinic in Christchurch, New Zealand, was to take over Kent Terrace.⁴⁴ By the time of the trip, Malleeson's depression was combined with a long-standing back injury,⁴⁵ and she hoped the exchange 'would make her feel better'.⁴⁶ It doubled as a journey of self-reflection. From Suez she wrote 'I am already wrapped in Lethargy. Like the Lotus States. I had no idea it would ever happen to me. I fear I've already forgotten the address of the F.P.A.'⁴⁷ She also penned uncharacteristically autobiographical letters to her daughter-in-law, the bulk of which were later burnt.⁴⁸ Malleeson's personal diaries were destroyed and little written evidence survives of her thoughts during this time.⁴⁹ Nonetheless, her son claims that his mother suffered continued distress over Miles's abandonment of the family. By 1956, she had concluded, with finality, 'He was my lot'.⁵⁰

1955-1956; AN ALTERNATIVE VIEW

The evidence would appear to support the idea that Malleeson was 'putting her affairs in order' with a view to ending her life,⁵¹ a theory also proposed by recent academic studies.⁵² The theory is important because, potentially, it alters The Tapes' status as historical artifacts. They have been

41 Geoffrey Chamberlain, *Special Delivery: the life of the celebrated British obstetrician William Nixon*, (London: 2004), 55.

42 Dawkins, interview.

43 *Medical Directory*, 1953-1956.

44 Martin, ODNB.

45 AM, discussion.

46 AM "Discovering." 58.

47 JM to Josephine Clifford-Smith, 4 Feb 1956, Malleeson Papers.

48 AM, discussion.

49 AM "Discovering." 58.

50 *Ibid.*, 53.

51 AM, discussion.

52 Cook, "Sex Counselling".

appraised provisionally as a set of actively used teaching materials from the early 1950s,⁵³ and also, as described above, as a component of a pre-suicidal plan to leave a legacy of her skills.⁵⁴ Malleison's late activities can certainly be read as being consistent with legacy management; there is scope to treat The Tapes as evidence for the theory. However, it makes sense to explore their provenance in the light of other possible explanations for their existence. Malleison's professional world, particularly the FPA, underwent significant expansion at this time,⁵⁵ and though she had reduced her responsibilities, her assistance was still sought with various projects until her departure.⁵⁶ Changes at the FPA had also incorporated a significant attitudinal shift in tandem with the matrimony boom that occurred in the early 1950s.⁵⁷ As Kynaston writes,

...matters of contraception were at last moving into the mainstream; almost every week a new family planning clinic opened, while in November 1955 Iain Macleod's well-publicised visit, as Minister of Health, to the Family Planning Association ended almost overnight the media's reluctance to discuss the whole subject.⁵⁸

Macleod's patronage of the Kensington branch was the first official endorsement of the FPA's work, and was felt to mark a, 'new stage in the road'.⁵⁹ The branch itself, revived by the ES's grant, had been rebranded as the 'North Kensington Marriage Welfare Centre' [NKMWC].⁶⁰ By the mid 1950s, the FPA was in a strong position to compete with the NMGC in

53 Ibid.

54 AM, discussion.

55 Leathard, *Family Planning*, 86-94.

56 FPA to JM, correspondence, 1955, Malleison Papers.

57 Hall, *Sex, Gender*, 152.

58 Kynaston, *Family Britain*, 563.

59 Margaret Pyke, "Pimlico to Knightsbridge," *Family Planning* Jan 1956, reprinted in same, 1972, 5.

60 Whyte, "The Eugenics Society", 19.

providing sex counselling in some locations,⁶¹ necessitating the education of FPA doctors in these techniques. The FPA also cooperated with other agencies, planning a pioneering contraceptive lecture-demonstration to LSM students in 1956; student doctors had thus far undertaken contraceptive training as an extra curricular activity under ‘the cloak of darkness’.⁶² Malleson was asked to facilitate the lecture through UCH.⁶³ Furthermore, pressure was mounting for the provision of national psychosexual training for FPA doctors in line with expanded services.⁶⁴ Again, Malleson was asked to help.⁶⁵ Davies has stated that sex counselling, ‘received virtually all of her attention during the final part of her career’.⁶⁶ Malleson was usually accessible and responsive to requests for assistance.⁶⁷ It is possible that The Tapes were produced specifically in light of the FPA’s transformation.

In the following chapter, it will be demonstrated how The Malleson Tapes fit chronologically and thematically with the FPA’s development at the time of their likely production. Specifically, it is suggested that the cohort of interviewees on the The Tapes was selected (and edited) from several clinic locations in response to imperatives connected with the remit of the newly rebranded North Kensington Marriage Welfare Centre [NKMWC]. The Tapes fit a specific, externally defined and contemporary

61 Jane Lewis, “Private Counselling versus public voice, 1948-68,” in *Whom God Hath Joined Together: The Work of Marriage Guidance*, in Lewis et al. (London: 1993), 101.

62 Helena Wright, “Fifty Years of Family Planning,” *Family Planning*, July 1972, 40.

63 Patricia Cripps to JM, 16 Dec 1955, Malleson Papers.

64 Leathard, *Family Planning*, 98; Report of the FPA Conference of Clinical Medical Officers and Nurses, Saturday 26th of November 1955, discussion following item 1 “Provision of Sub-Fertility Advice” by Dr. G.I.M. Swyer, WL FPA archive SA/FPA/A6/10].

65 James to JM 15 Dec 1955, Malleson Papers.

66 Davies, “Dr. Joan Malleson.” 36.

67 BBC Woman’s Hour, “‘MEDICA’: Dr. Joan Malleson”, transcript, 12 December 1956, Malleson Papers.

purpose, rather than appearing to capture a complete distillation of Malleson's expertise and breadth of patient experience, which was unconventionally broad.⁶⁸ As such, they are unlikely to have been produced either as a general, transposable teaching tool or solely as a personal legacy, irrespective of whether Malleson had chosen to end her own life. By using qualitative evidence from the recordings in conjunction with contextual evidence from the FPA and the NKMCW, it will be shown that a better understanding of the source's provenance is closely bound with the interpretation of their content.

⁶⁸ AM, discussion.

2

“An Absurd Suggestion”

MOTIVATION AND PRODUCTION

The previous chapter summarised Joan Malleison’s personal and professional circumstances with reference to the period when The Tapes were produced, which according to the newest evidence, was winter 1955-1956.¹ Evidence shows her professional reorganisation coincided with the FPA’s geographic and thematic expansion. Joan Malleison had an international reputation as an authority in her field.² Her son has suggested that the recordings were an attempt to leave a legacy of her skills, and locates this in the context of theories surrounding her intentions regarding suicide;

1 AM, discussion; Tape One’s label also reads ‘1956’, (see Tab.1).

2 Catherine M.C. Haines, “Malleison, Joan Graeme nee Bilson”, *International Women in Science: A Biographical Dictionary to 1950*, (ABC-CLIO:2001), 193, http://books.google.co.uk/books?id=HftdjMNDvwIC&printsec=frontcover&dq=international+women+in+science&source=bl&ots=cf-AFgS3k_&sig=X8xSj5EJeBZOJNMSaSSrtwCRBnA&hl=en&sa=X&ei=5dBaUODNE8rD0QWg_YDADw&redir_esc=y#v=onepage&q=joan%20malleison&f=false, accessed September 20, 2012.

She didn't get around to using the tapes. They were never played. She was planning to kill herself. She put all of her affairs in order and wrote about her life to her daughter-in-law. I think she was very afraid that her techniques would die with her.³

A possible alternative motivation is revealed when comparing the content of the tapes with the FPA mandate. This approach is suggested by the dynamics of contemporary FPA activity, specifically issues arising from expansion of services, and by the differences between the selection of persons recorded and Malleson's otherwise wide ranging clientele.

A TOOL FOR TEACHING

Andrew Malleson helped his mother set up a tape recorder at Kent Terrace, so that she could make recordings for teaching student doctors.⁴ Cook has also suggested that they were actually used for this purpose.⁵ However, no evidence has been located to show that they were used for teaching at UCH or elsewhere, or that their existence was known about, except to her son. 'I suspect that no one knew about them apart from me. I don't think my brother even knew about them', he has stated. 'My guess is that she would have used them for young doctors, perhaps Sylvia Dawkins. But Sylvia by that stage didn't need any more teaching.'⁶ The Dyspareunia Clinic at UCH, which Dawkins took over, was a teaching centre. It already had a system in place for admitting single students into consultations for

3 AM, discussion.

4 Ibid; "Discovering", 58.

5 Cook, "Sex Counselling".

6 AM, discussion.

training.⁷ Similarly, Dr. Mears, who was already a specialist and set up the Christchurch MGC, required no further input.⁸ Confirmation of the project’s overall instructional intent, therefore, must be taken from The Tapes themselves. Malleson’s handwritten labels read like case notes, and also indicate their status as educational aids [Table.1];

Table.1

DATE	SESSION	CASE	PERSON	VISIT	Handwritten box notes	Person on Tape [age]
1					<i>'A menopausal woman, (...unedited 1956)'</i>	
	1	1	A	1		Wife [49]
2					<i>[C] "...woman having (?) acute anxiety neurosis - owing (?) mostly to the precipitancy of her 2nd husband. A nice record – Leisurely!'</i>	Wife [37]
	1	2	B	1		
3					<i>[B] '4 short cases of Vaginismus, edited. Quite ordinary sort of interviews. Good for teaching. Edited.'</i>	Returning Wife [20s]
	1	3	C	2		
	2	4	D	1		Wife [22]
	3	5	E	1		Husband Discusses Wife [both 30s]
	4	6	F	1		Wife [20s]
4					<i>'2 clinical studies of women who fail to get orgasm. Quite interesting statements by one of them. (Edited).'</i>	Wife [34]
	1	7	G	2		
	2	8	H	1		Unmarried Woman [20s]

7 JM and W.C.W. Nixon. Correspondence. *Br Med J* 1955;1:543.1.

8 “Mears, Eleanor Cowie (1917–1992),” Paul Vaughan in ODNB, online ed., ed. Lawrence Goldman, [Oxford: OUP], <http://0-www.oxforddnb.com.catalogue.ulrls.lon.ac.uk/view/article/47178>, accessed 31 August, 2012.

5	1	9	I	1	[E] ' <i>(Unedited. Have not heard it back) This couple were referred by a psychiatrist for marriage guidance. He said the wife seemed an uncommonly touchy character; I think she is practically the touchiest I ever saw. On reflection I probably didn't handle them as well as I should. It was hard not to be repelled by her coldness. Perhaps had I approached differently a way would have opened. To me, it seemed that divorce is the only suitable proper answer. Possibly a boring record. I don't know!</i>	Wife [38]
	2	9	J	1		Husband [40]
6	1	10	K	1	[D] ' <i>A young husband and wife discuss difficulties. Husband giving inadequate courtship. Common enough situation.</i>	Wife[20]
	2	10	L	1		Husband [20s]
7	1	11	M	1	' <i>Not edited yet. Case of anxiety neurosis - referred from.... It appeared to be a history of vaginal anesthesia- until I examined her and was surprised to find an intact hymen. She was very much inclined to deny her difficulties. This [unreadable – know-fused] particularly in it second interview'</i>	Wife [28]
	2	11	M	2		“ “ “ “ “ “
8	1	12	N	1	[A] ' <i>A...discusses her lack of vaginal orgasm. She has undervalued clitoral orgasm (as she distrusted its propriety). A suggestion of urinary Eroticism. (Edited).'</i>	Wife [20s]
	2	13	O	1		Husband [40s] [different case]
9	1	14	P	2	[F] ' <i>Clinical patient. Maladjustment. = can get clitoral orgasm, has vaginal anesthesia but feels penetration because she gets dyspareunia. I assumed she had vaginismus, which she had slightly - until I examined her and found also a tender prolapsed ovary. I think this will not cause pain in the fully flexed position. (Not a particularly good record).'</i>	Wife [20s]
10	1	15	Q	4	' <i>... Record of a most severe vaginismus sent by a surgeon. She could not bear to be approached: she dislikes sexuality, fears men and childbearing. With the utmost courage she had managed to consummate but she still has acute anxiety. Oddly enough there is no relevant history. This courage was doubtful in its success: this is her fourth interview. Later she became so sleepless, so exhausted that I referred her to a psychiatrist-</i>	Wife [24]

*Columns 1-5 constitute identification code

eg, "10.1/15Q4" = Tape 10, 1st session on tape, case 15, person Q, 4th visit to JM

PSYCHOSEXUAL COUNSELLING AT THE FPA

On a national level, the employment of psychosexual counselling in non-London FPA centres was uneven and sometimes non-existent.⁹ The FPA found psychosexual counselling difficult to finance¹⁰ and by 1960 it represented a minimal percentage of FPA services.¹¹ Despite a general call for greater psychological awareness among its doctors in the early 1950s,¹² individual FPA branches were notoriously independent¹³ and not bound to comply. Agencies such as the NMGC, the Family Discussion Bureaux [FDBx] and the Family Welfare Association [FWA] existed to provide marriage guidance.¹⁴ In contrast, the FPA had begun as a contraceptive service, and was 'primarily concerned with clinic affairs, the quality control of contraceptives and whether an 'engaged' girl had to show evidence of her marriage arrangements'.¹⁵ The FPA's endeavours to provide sex counselling from the 1950s were 'tentative'.¹⁶ Nonetheless, the NMGC felt that FPA was its greatest competitor,¹⁷ perhaps because of those strong-willed doctors who had sought their own training when the FPA couldn't provide it. For example, Dawkins received partial tuition from NMGC. Malleson attended seminars with Dr. Balint, a psychoanalyst specializing in doctor-patient relationships, at the Tavistock Clinic in the early 1950s. Tavistock specialized in training and supplying therapists, and its early Vice-

9 Report of November 1955 Conference, FPA archive.

10 Robert Irwin, "'To Try and Find Out What Is Being Done to Whom, by Whom and with What Results': The Creation of Psychosexual Counselling Policy in England, 1971-1979", *Twentieth Century British History*, 20, no. 2, (2009): 181, doi:10.1093/tcbh/hwp009.

11 Leathard, *Family Planning*, 118.

12 *Ibid.*, 102.

13 Francois Lafitte, 'The Users of Birth Control Clinics', *Population Studies*, 16, no. 1 (July 1962): 13.

14 David H.J Morgan, 'Introduction', in *Whom God*, 40.

15 Barbara Evans, *Freedom To Choose; The Life & Work of Dr Helena Wright, Pioneer of Contraception*, (London: 1984), 222.

16 Hall, *Sex, Gender*, 156.

17 Lewis, *Whom God*, 100-101.

Presidents included Sigmund Freud and Carl Jung.¹⁸ Malleson and Dawkins repatriated their externally accomplished skills to the FPA. Malleson's Kensington sessions, based upon her experience with Balint, were offered for free until they proved indispensable.¹⁹ Along with other FPA sex counsellors-come-researchers such as Mary Macaulay (Liverpool Branch) and Helena Wright (Kensington), they were regarded as 'a select and courageous group of women doctors.'²⁰ Training within the FPA had to be fought for nonetheless.

A 'RIOTOUS RAGE' AND THE CALL TO ARMS

The report of the national conference of Clinic Medical Officers and Nurses, in November 1955, records heated debate. Psychosexual Counselling was relevant because some doctors, including Malleson, viewed it as a means of sub-fertility treatment. She believed that 5% of sterility cases were due to non-consummation,²¹ and that issues preventing sexual congress, such as Dyspareunia and related psychological difficulties, caused infertility.²² A Tavistock doctor stressed that 'many psychological patients turn out to have physical problems and vice versa' and that 'as doctors we must be ready to respond to their appeals for help.'²³ However, there was a general feeling from regional members that psychosexual work had no place within FPA practice. For example, the report records that

18 "The Tavistock and Portman NHS Foundation Trust: Our History." Factsheet.

<http://www.tavistockandportman.nhs.uk/ourhistory>, accessed September 24 2012.

19 Cook, "'Friction under emotional circumstances?"; Davies, "Dr. Joan Malleson." 28; Dawkins, interview; Dawkins, discussion, November 1955 Conference, FPA archive.

20 Nixon in *Woman's Hour*, transcript, 1956, Malleson Papers.

21 JM in *Problems of fertility in General Practice*, Malleson et al, (London: 1948).

22 JM, 'Sex problems in marriage', *Practitioner*, 172 (April 1954): 389, 395.

23 Dr Thompson (Tavistock Clinic), discussion, November 1955 Conference.

Dr Taylor (Reading) - does not feel able, nor had the time [sic] to deal with the patient who finds she has no satisfaction in intercourse unless the reasons are purely physical.

Lack of training in the practical application of sex counselling under FPA clinic conditions was generally seen as a barrier to providing this service. Several members echoed the view that ‘Doctors are not educated enough to deal with this problem.’²⁴ Sylvia Dawkins opined that under-trained branch doctors might be better off not attempting psychosexual assistance at all, saying ‘it was best to send patients with marriage problems to the [N]MGC rather than deal inadequately with them in the clinic if there was neither time nor privacy.’ Given the FPA’s known rivalry with the NMCG,²⁵ this was a controversial viewpoint. Dawkins and Malleson were close friends and colleagues,²⁶ but Malleson personally regarded the NMGC with distaste.²⁷ According to Irwin, unsuccessful attempts to refer patients to psychiatric departments and social agencies had already been attempted by the FPA in the early 1950s.²⁸ Malleson’s response to Dawkins’ call for outsourcing is not recorded, but FPA General Secretary Irene James later wrote ‘I’m sure you were in a riotous rage at the medical conference!’²⁹ She also echoed the view that in-house training was the solution, by directly canvassing Malleson for assistance;

24 Ibid., Dr Spicer (Kensington Branch).

25 Lewis, *Whom God*, 100-101.

26 AM, discussion.

27 Ibid.

28 Irwin, “‘To Try To Find Out’”, 180.

29 James to JM 15 Dec 1955, Malleson Papers.

I had an idea which perhaps I had better not put to you until you return refreshed from New Zealand, but perhaps we could think of some way in which you could give some very elementary instructions to our clinic doctors, perhaps in writing, which would lead them to read on these subjects? However you may think this an absurd suggestion.³⁰

Evidentially, Malleson did not consider it absurd. James' request echoed a sentiment at the FPA pre-dating the conference. The feeling was, as Leathard cites, that the marriage welfare age had dawned, and that new requirements for 'psychological insight and special teaching' for FPA doctors must be met.³¹

THE TAPES AS AN FPA RESOURCE? A CONSTITUTIONAL COMPARISON

The case for The Malleson Tapes as an FPA resource begins with basic demographic evidence from their content. Although Malleson was not officially practicing at the NKMWC in 1954-56,³² the branch had become central to the FPA's public persona (with Macleod's visit), and was one of the few offering a psychosexual service. The constitution, when compared with The Tape's cohort, shows essential similarities, namely that the clients are mostly married. Conversely, the UCH Contraceptive Clinic was known for advising unmarried women who were referred from the main hospital after terminations following 'botched' abortions,³³ and Malleson's liberal attitude to sexuality in her private work and life was notorious.³⁴ Things were different at the FPA, particularly as its expansion, exemplified by the NKMWC, was directly responsive to new social mores regarding the

30 Ibid.

31 Leathard, *Family Planning*, 102.

32 *Medical Directory*.

33 Dawkins, interview.

34 AM, discussion.

postwar familial emphasis in popular culture and policy.³⁵ Kensington's focus had shifted from the pre-NKMWC constitution of woman-centred services to the promotion of 'married life' [Appendix 1]. Malleeson advocated a FPA model of service development that combined clinics for sexual difficulties with others connected directly with matters of family welfare.³⁶ The constitutional 'Five Purposes' of the new NKMWC were 'marriage guidance, premarital health examinations, advice on birth control, infecundity and eugenic prognosis.'³⁷

Seventeen of the eighteen recorded sessions on The Tapes concern married persons. These are mostly women, but also include a number of men; both are regarded chiefly in their capacity as wives, husbands and parents. In keeping with the new NKMWC constitution and Malleeson's research interest, the subject most frequently discussed in the recordings is absence or irregular practice of the sexual act in marriage, with the inclusion of advice on infertility, birth control and eugenic advice. A single anomaly, case 4.2/7H1 (Tape Four), concerns 'a discussion by an unmarried woman, who's come to complain she that cannot get orgasms.'³⁸ Malleeson directs the discussion to fit with FPA rules, which decreed that doctor could not advise unmarried women, but could counsel 'pre-marital' patients.³⁹ It is she, not the patient, who raises the issue of marriage; an abstract diagnosis

35 Irwin, "To Try To Find Out", 180.

36 Irwin, "To Try To Find Out", 180.

37 Whyte, "The Eugenics Society," 17-9.

38 Malleeson's verbal introduction, transcript, case 4.2/7H1, JM Tape Four.

39 Evans, *Freedom To Choose*, 164.

of anxiety over the absent marriage contract is even posed as a *cause* of the woman's lack of orgasm;

But really, first of all, to have very little experience and to be unmarried, which is slightly anxious-making...'cause you're not in the best circumstances, it isn't the way to make err, um, a woman receptive.⁴⁰

Malleson transforms the (positively reported) sexual union into one hampered by the woman's own inhibition, the result of anxiety brought about through insecurity; the session is thereby re-painted as a pre-marital health and welfare interview, granting it a legitimate position alongside the other recorded cases.

You do really you love him now, do you? Yes? Well that's a help, isn't it. Do you think he loves you?...Well that's a help. Might this go on a marriage?...Yes. Well that gives you a bit more confidence, doesn't it? 'cause some people are...afraid to love if they feel it won't go on to marriage, 'cause they're afraid of getting hurt, you see?

The themes of divorce (for eugenic reasons), and selective procreation, also surface in the recordings. Again, these are treated in a manner satisfactory to the new NKMWC protocol. For example, in cases 5.1/9I1 and 5.2/9J1 (Tape Five), a childless, married couple is interviewed. Both parties independently assert a wish to remain married and childless. Malleson labels the wife 'cold' and 'cruel' and the husband 'deprived', opining that 'divorce is the only suitable proper answer' [Tab.1]. During the interview, she translates their childlessness as an altruistic act on part of the husband, based on his wife's innate unsuitability for procreation. This could be seen as an 'eugenic prognosis' in line with the NKMWC eugenic interest;

⁴⁰ The presence of patient testimony, which is omitted from this paper, is indicated by "...".

JM I don't think she's fit to bring up children, do you?...Because they'd end up just like her.

In the next chapter, this FPA-style cohort will be examined with reference to material evidence from the The Tapes as objects.

3

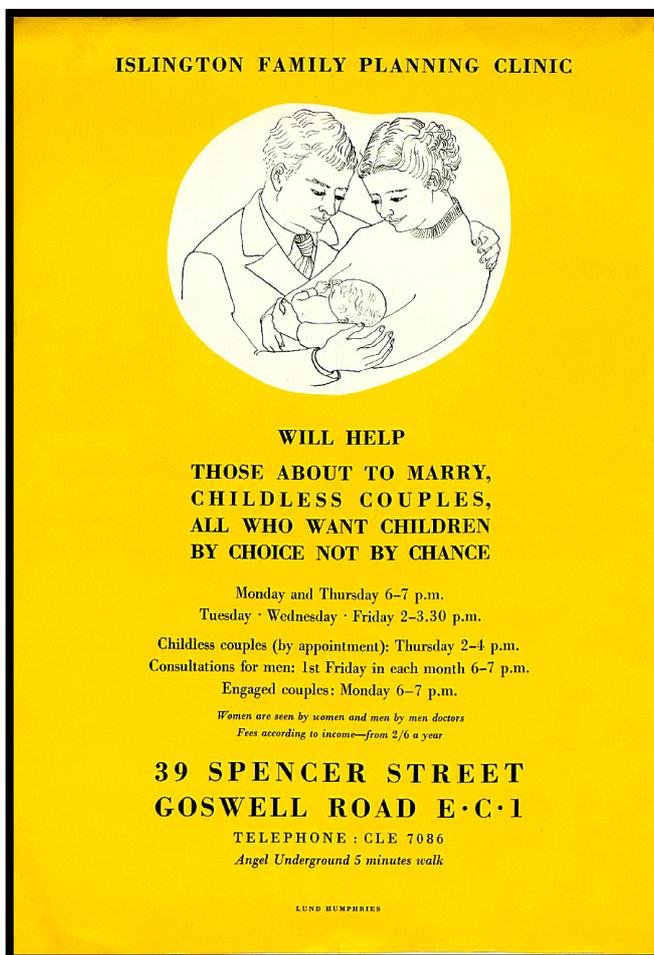
Pinpointing Place

In the preceding chapters, it has been proposed that The Malleeson Tapes may have been produced for FPA use. Using samples from The Tapes' content in conjunction with basic demographic details, it has been shown how thematic aspects of content closely match the 1955 constitution for the NKMWC, and the general FPA mandate. This chapter proposes that The Tapes were not just made at Kent Terrace, where Andrew Malleeson recalls installing a recorder. Material evidence, in conjunction with ambient and oral information from the recordings, demonstrate that The Tapes were probably produced under diverse conditions reflecting the client base and limitations of FPA clinics, in order to teach or showcase psychosexual techniques under typical clinic conditions.

LINKS TO THE FPA CLIENT

The production period for the recordings corresponds with the FPA’s expansion, and calls for psychosexual training made at the 1955 November conference. The range of persons who could be seen officially by the FPA was limited to those already married or, from 1952, those who were about to be married.¹ An overview of the recorded patients taken from The Tapes’ content [Tab.1], shows that the cases feature a similar range; they are mostly

Fig.2, Counselling in Context, 1950s



married, ostensibly heterosexual, and mostly aged 20-40. Malleison’s private clients, whom she treated at Kent Terrace, were not limited to but included persons of diverse sexuality and marital status.²

She saw doctor’s wives on Saturdays, through professional obligation.³ Members of her intellectual circle were often patients as well as friends.⁴ Her *Any Wife or Husband*, which was revised and reprinted in

1 FPA, “A history”, factsheet.
 2 AM, discussion.
 3 AM, “Discovering.” 56.

1955, included a section on tolerance of homosexuality and case notes on homosexual clients.⁵ However, although outspoken FPA counsellors such as Malleson, or Helena Wright, might see any patient they pleased at private practices, this was not possible at FPA clinics, where all services-contraceptive, marital and otherwise-were presented within a familial schema [Fig.2].⁶ FPA patients were sometimes self-referring respondents to branch publicity and sometimes referred by GPs or hospitals.⁷ The Tapes, therefore, seem likely to represent a client base other than that available to Malleson at Kent Terrace. This is also suggested by technical, ambient and oral evidence from the tapes as material objects and the content of the recordings, which indicate the possibility of multiple recording locations.

TECHNICAL EVIDENCE; A SECOND RECORDER?

There is evidence to suggest that the recordings were made on two machines and in multiple recording locations. The Malleson Tapes comprise a set of ten original, boxed, reels or ‘spools’, which capture a total of eighteen recorded cases, some with verbal introductions from Malleson, and two ‘fragments’, including Malleson dictating to her secretary, Mrs Poole (Tape Four). The boxes are a mix of Scotch tape and EMI tape brands and are hand labeled with paper paste labels. (There are also some hand-cut spine labels, which have dropped off, suggesting that the tapes were intended to be archived). The magnetic tape displays evidence of labour-

4 AM, discussion.

5 JM, *Any Wife or Husband*, (Harmondsworth: 1963), 130-141. NB., this is a Penguin reprint of the 2nd edition which Malleson updated the year before her death, (London, Heinemann: 1955), and it is reprinted edition referred to henceforth.

6 Evans., *Helena Wright*, 163.

7 Islington Branch papers. WL, FPA archive SA/FPA/A4/A8/2.

intensive post-production including manually applied leader, hand splicing into segments, and rearrangement of these segments into themed spools [Tab.2, below]. For example, Tape Seven appears to show two different types of tape stock (Scotch and EMI, which are different colours) spliced and loaded onto a single spool. Hand splicing was a common practice - some of the EMI boxes for The Tapes include simple, illustrated instructions.

As The Tapes include both verbal (recorded) and written introductions (in Malleson's hand) that directly reference these edits [Tab.1], it is likely that she completed full production herself. Prior to leaving for National Service in late 1955, her son helped his mother secret a substantial tape recorder at Kent Terrace.⁸ 'I helped her. I drilled the hole in the vase and put the recorder under her desk. It was a vase of dried flowers and the microphone was in there. She had a switch by her desk. When she had an interesting subject for teaching material she could switch it on.'⁹ He remembers only one heavy, flatbed recorder, similar to that shown in Fig.3 below, and is not aware of another.¹⁰

8 AM "Discovering." 58.

9 AM, discussion.

10 Ibid.

Table. 2

Tape (Reel Number)	Stock	Spool Type	Box Brand	Spliced	No. of Sessions	Verbal Intro	Proposed Location	Length (minutes)
1	E	7" E St	E	N	1	N	KT	16
2	E	7" E St	E	N	1	N	KT	20
3*	S	7" E P	S	Y	4	S1/ N S2/ Y S3/ Y S4/ Y Frag.	C C C C	28
4*	E	7" G P	E	Y	2	S1/ Y S2/ Y Frag.	KT C KT	16
5	E	7" G P	E	N	2	S1/ Y S2/ N	KT KT	33
6	E	7" G P	E	N	2	S1/ N S1/ N	C C	10
7	S M	7" E P	S	Y	2	S1/ Y S2/ Y	KT KT	23
8*	S	4" G P	S	Y	2	S1/ Y S2/ N	C KT	27
9	S	4" E St	S	N	1	N	C	10
10	S	4" S P	S	Y	1	N	C	14

*Indicates where JM has noted tape as 'edited', however half display cursory evidence of hand splicing. JM's notes, therefore, may be more indicative of tapes where full post-production is complete.

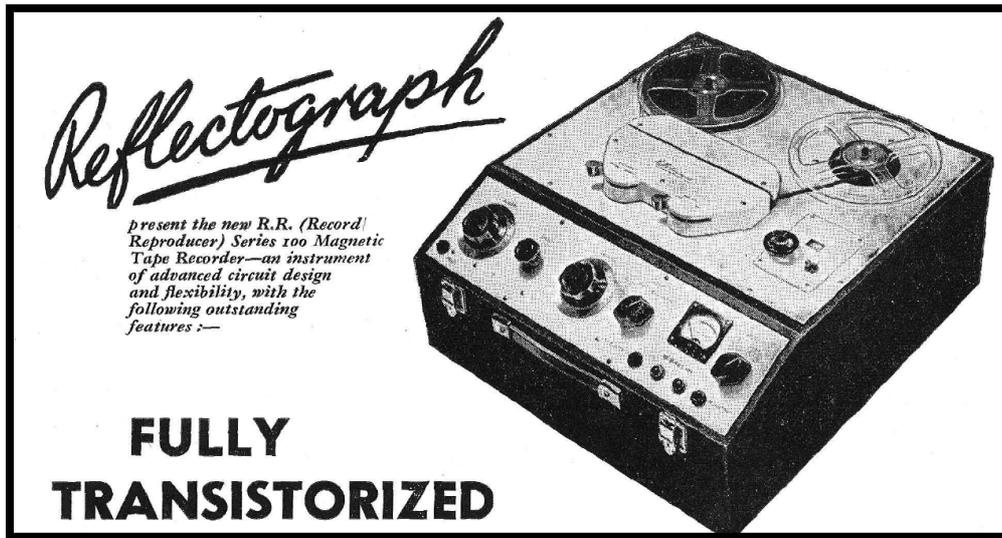
Stock: E=EMI TAPE S=SCOTCH M=Mixed

Box: S = Scotch E=EMI

Spool: P=Plastic St=Steel S=Scotch G=Generic

Location: KT=Kent Terrace C=other Clinic

Fig.3



According to Andrew Malleson, the machine at Kent Terrace used standard 7” spools (tapes), and was wired through the desk; it was not rigged with a view to being moved.¹¹ However, the recorded (extant) tapes appear on two sizes of spool; 7” and 4” [Tab.2]. Both sizes took standard ¼” wide tape and were recorded at 7.5 Inches Per Second [IPS], which was suitable for high-fidelity voice recording. Although standard flatbed machines could play small spools,¹² the presence of two sizes suggest that a second machine was used to produce some of the recordings. The cohort sampled on the tapes is less reflective of Malleson’s personal clients or UCH clients, who included aborting and unmarried women, than FPA patients. Malleson suffered with back problems.¹³ With her son in Germany, a smaller machine, which took smaller spools, may have posed a suitable solution to recording in new locations, allowing for more selective cases.

11 Ibid; AM “Discovering.” 58.

12 Wikipedia contributors, “Audio Tape Specifications”, http://en.wikipedia.org/w/index.php?title=Audio_tape_specifications&oldid=480267210 accessed September 20, 2012.

13 Kingsley Martin, ‘A Beloved Physician’, *New Statesman & Nation*, 26 May 1956, 590.

Fig.4



A portable dictation machine could have been transported and concealed at other clinics. Embryonic transistor models were being produced in the

UK by 1955.¹⁴ A viable example is the Grundig Stenorette ‘M’ dictating machine [Fig. 4], which debuted that year and would have met many of Malleson’s requirements. It was small and lightweight and came with a microphone and foot-activated switch.¹⁵ It also featured a recessed hub for the tape spool, enabling it to be used at an angle, whilst still in its cover. Although the speed of the Stenorette was variable, recordings could have been transferred in post-production.¹⁶ Heavier, non-transistor solutions include the EMI Model L2 from 1952 [Fig.5], and the Boosey and Hawkes Reporter, 1953 [Fig.6]. Dictation machines had already been used by FPA chair Margaret Pyke and former Chair, Lady Denman, for office tasks.¹⁷

14 see David Morton, “The Great Dictator Documentary,”

http://www.ibiblio.org/deadmedia_dictation/about.html, accessed September 20, 2012.

15 “Grundig Stenorette ‘M’ dictating machine, 1955,” Science and Society Picture Library <http://www.scienceandsociety.co.uk/results.asp?image=10252823&itemw=4&itemf=0005&itemstep=1&itemx=1>, September 20, 2012.

16 Terry Martini, email discussion with author, August 2012.

17 Pyke, “Pimlico to Knightsbridge”, 4; ‘History of the Margaret Pyke Centre & Trust’, <http://www.margaretpyke.org/about/history.htm>, accessed September 20, 2012.

Fig.5



Fig.6



AMBIENT EVIDENCE OF MULTIPLE LOCATIONS

Ambient evidence from the recordings implies that they were not created in the same place, under uniform conditions. Malleison worked part-time at both the UCH Dyspareunia clinic and the Islington WWC during the production period, Winter 1955-1956.¹⁸ Although the Kent Terrace and UCH sites may not have yielded an FPA-style cohort in isolation, it is possible that patients were cherry-picked from these locations for The Tapes. In Table 2, ambient evidence has been used to divide the cases into those that were most likely made at either Kent Terrace, or at another clinic. Physical evidence of hand splicing, shown in column 6, demonstrates where tape has been cut and mixed. Therefore, whilst the presence of small spools indicates a possible second machine, it is the ambient information on the tape content that has been cut and moved onto themed spools that evidences multiple recording sites.

FPA centres in general, and the UCH dyspareunia session in particular, had two common characteristics; they occurred in shared spaces¹⁹

¹⁸ *Medical Directory*.

¹⁹ Chamberlain, *Special Delivery*, 55; Dawkins, interview.

and they were over subscribed.²⁰ Those recordings identified in the table as likely to be clinic-based contain both the haphazard quality of audio information common to portable equipment and microphones, and excessive background noise, which can be interpreted as originating at a busier space than Kent Terrace. Malleson shows awareness of this discrepancy in recording quality with comments in her verbal introductions. Enough ambient evidence is also present to plausibly make the distinction between clinic and private practice settings. The recording extract related to case 8.1/12N1 (Tape Eight) is a good example, as it is peppered with auditory interruptions from a group of people laughing. The UCH Dyspareunia Clinic is a likely location for this recording; it was known as ‘the clinic in the records department’²¹ and was consigned to the bottom of the hospital, which was regarded as, ‘A very right and proper place’ for it by many hospital staff.²² A congregation passing by in the echoey basement corridors would not necessarily show the professional respect expected elsewhere, making UCH the most likely of the sites for this specific case. Conversely, cases on Tapes Three, Nine and Ten contain a second, distinct background complexion, which is the ambient sound of other patients being interviewed.²³ This is consistent with the consultation environment in small, high volume FPA centres, where modesty was usually provided by curtained cubicles rather than sound-buffering walls.²⁴ A municipal clinic

20 Chamberlain, 55; Dawkins, interview.

21 Chamberlain, 55.

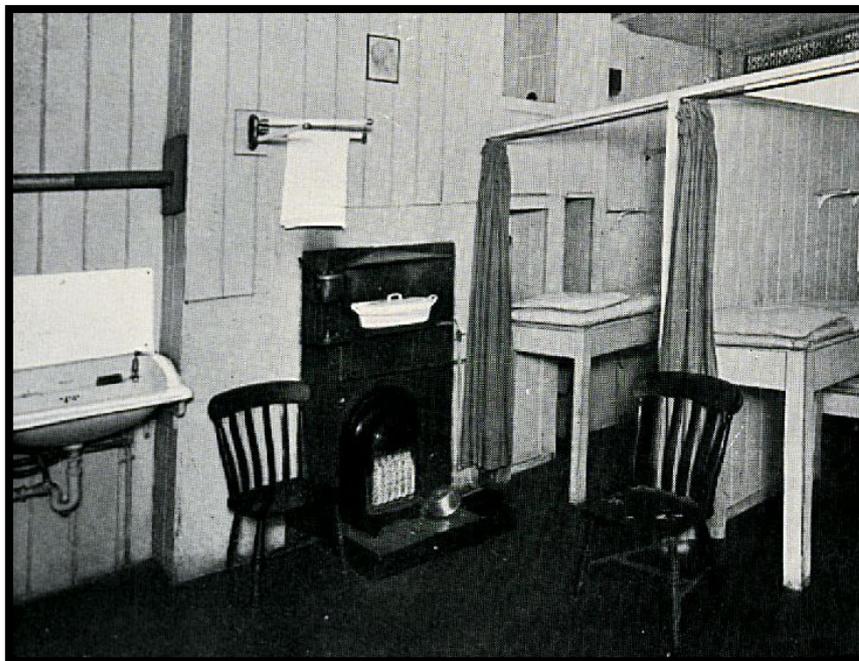
22 Dawkins, interview.

23 As the magnetic tape stock is still in very good condition, background sound unlikely to be ‘print-through’.

24 Evelyn Fuller, *On the Management of a Birth Control Centre*, (London: 1931), 2.

where Malleson was active in 1955-1956, such as Islington, is a possible location for these sessions [Fig.6].

Fig. 7 An image of the Walworth branch exemplifies the conditions of a high-volume clinic



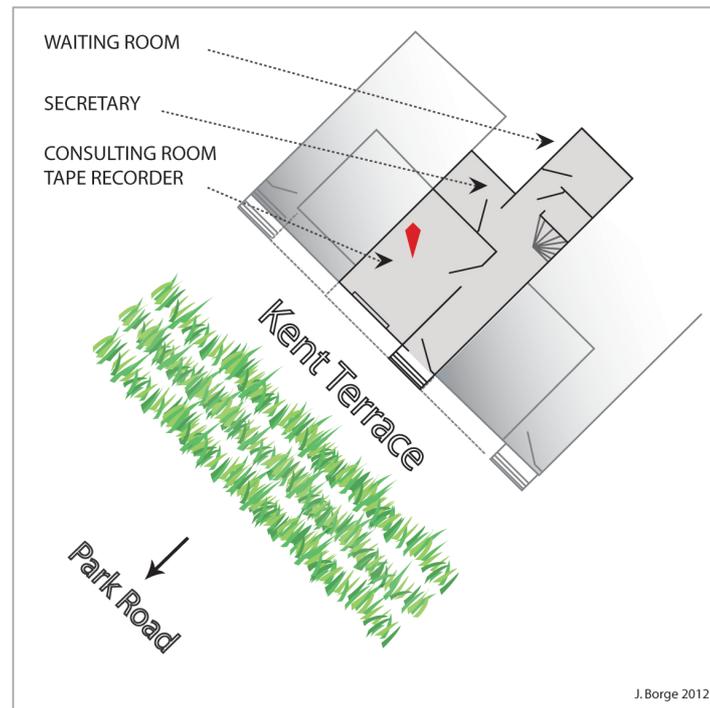
Several recorded cases are free from intrusive background noise. These are likely to have been recorded at Kent Terrace. This location was sedate, private and based in the ground floor of Malleson's own home on a quiet street.²⁵ The consulting room was set back from a main road by shared gardens, so that traffic noises, were distant [Fig.7].²⁶ Waiting patients sat in a rear extension, away from the consultation space, and the house was not shared with other practitioners by the 1950s.²⁷ Cases identified as being recorded here are those which evidence a relatively quiet background, an unhurried pace, clients who take their time and a high quality of audio information, thanks to the permanent recording setup.

25 AM, discussion.

26 Distant traffic noises are apparent on some of the recordings marked KT in Table 2.

27 AM, discussion.

Fig. 8 Kent Terrace Recording Site



ORAL EVIDENCE

Lastly, there is oral evidence of multiple recording locations in the contents of the recordings. In one case, a patient complains at his wife's treatment at 'Croydon', which was an FPA branch. Malleison suggests that she should see a private doctor instead. Combined with atmospheric hubbub, Malleison's recommendation indicates that this consultation took place at a related FPA branch. In other cases, the names of referring doctors and hospitals are mentioned. The UCH Dyspareunia clinic took referrals from in-house departments and external hospitals,²⁸ some of which are named in the recordings. On one occasion, a referring hospital is mentioned on an apparent Kent Terrace recording, suggesting that Malleison may have accepted hospital patients in private under certain circumstances. Many interviews are verbally truncated by Malleison. A leisurely and detailed discussion of Anxiety

²⁸ Dawkins, interview.

Neurosis (2.1/2B1–Tape Two, Kent Terrace), might be compared to a condensed assessment of a similar problem made in a very busy environment (3.3/5E1–Tape Three, Clinic). FPA doctors had limited time to root out deep-seated psychological causes of sexual problems in tandem with providing contraception and examinations.²⁹ Dawkins recalled seeing sixty patients for contraception in one day at Islington.³⁰ Malleeson was also aware that ‘a prolonged course of psycho-analysis is not a useful remedy to recommend to a woman with a family and husband earning £10 a week.’³¹ At Islington, the official slot for general patients was five minutes.³² There were known issues with trying to squeeze counselling into tight timeframes.³³ Time restrictions were understandably viewed as a barrier to offering full, effective assistance to patients, and some therapists at the Islington branch considered referring clinic patients to their own private practices to allow for a full hour.³⁴ At the November conference, a Blackpool FPA doctor had complained that, ‘There is neither time nor privacy to probe into these difficulties at a busy centre.’

The truncated sessions on The Tapes present both sides of the story. For example, Tape Three covers four patients within the space of 28 minutes. Although the examination component of the consultations has been removed or is otherwise not recorded, these four cases capture the tight conditions of a municipal clinic as the patients are given less than ten minutes each to discuss their problems. Tape Six also demonstrates precisely how a consultation

29 Dawkins, interview.

30 Ibid.

31 Martin, ‘Beloved Physician’, 590.

32 Dawkins, interview.

33 November 1955 conference.

34 Ethical Sub-Committee Reports 1953-1957, FPA archive, WL SA/FPA/A5/45.

might borrow from psychosexual technique without using lengthy analysis, and still fit within a tight timeframe. A wife and husband are interviewed separately over ten minutes. In the case of the wife, [6.1/10K1] the combined medical and psychological topics of vaginal anesthesia, vaginismus, anatomical positioning, inadequate foreplay, lack of orgasm, male anxiety, manual clitoral stimulation, body ‘management’, referrals, emotional relationships, and similarities with ‘the rest of the world’ are covered within six minutes. Both Malleeson and the patient are functional, concise and direct in their use of language.

You’re not too bored of that I’m sure...It’s the-it’s his coming inside that bores you is it?...I see. Does he usually give you your climax first from outside?...before he comes inside?...Hmm. And it’s that part that you begin to get bored is it?

CONCLUSION

This chapter has provided material evidence to support the idea that The Tapes purposefully achieve a cross-section of case studies consistent with FPA caseloads, through being recorded across multiple clinics and clients. The content and pacing of the interviews is shown to exemplify psychosexual counselling in varied and relevant contexts, demonstrating Malleeson’s conviction that ‘Skilled psychotherapists can get more quickly and more deeply to the core of the problem than people can ever do for themselves.’³⁵

³⁵ Malleeson, *Any Wife*, 44.

4

A Companionate Marriage

Combined Tools For Training

It has been proposed that The Malleson Tapes were produced for FPA use as training materials following an expansion of services, and that recording occurred at several locations; targeted teaching of Psychosexual Counselling met with resistance within the FPA, and The Tapes may have been an answer. This chapter outlines additional hostilities to psychological methods that elicited Malleson's response in the early-mid 1950s. It is framed by a comparison of The Tapes with Malleson's handbook, *Any Wife or Husband*. Both were produced against a backdrop of cultural confusion regarding reference to and the practice of sex. *Any Wife* was rolled out to FPA clinics and may have been intended to combine with the recordings as a packaged tool for training.

“MEDICA” AND THE MEDIA: CAMPAIGNING FOR RECOGNITION

Any Wife is a ‘detailed and exhaustive handbook on sexual difficulties encountered in marriage.’¹ The first edition was produced in 1950, under the alias “Medica”. Although Malleson’s use of a pseudonym has been attributed to ‘the controversial nature of the subject area’ of the book,² historians have identified a widespread public recognition of the need for a satisfactory sex life within marriage in the 1950s.³ Medical anonymity was also required for media appearances at this time.⁴ *Any Wife*’s publication was sandwiched between “Medica’s” talks on *Woman’s Hour* in 1950 and 1952,⁵ when Malleson also attended training seminars with Dr Balint at the Tavistock. In one of her radio appearances, where she demystified common sexual problems, she said;

In the first place I want to make sure that no listener here will ever become shocked or frightened if she experiences such troubles herself; and that she will, through this knowledge, be able to be both sympathetic and helpful to other women who suffer in this way.⁶

She also made television appearances,⁷ and Professor Nixon, of UCH, felt that, ‘Broadcasting history was made by her handling, in the most natural and pleasant manner possible, of intimate medical matters hitherto regarded as outside the realm of discussion.’⁸ However, the use of psychological methods to facilitate the discussion of issues that were commonly viewed as

1 *Any Wife*, blurb.

2 Haines, “Malleson, Joan Graeme nee Bilson”, 193.

3 Addison, *No Turning Back*, 93.

4 J.S. Horner, "Medical Ethics and the Regulation of Medical Practice with Particular Reference to the Development of Medical Ethics Within the British Medical Association 1832-1993" (MD Thesis, Victoria University of Manchester: 1994), 79.

5 ‘Woman’s Hour’, transcript, Malleson Papers.

6 Ibid.

7 Nixon to Mrs. Clifford-Smith, , draft letter for ‘The Malleson Fund’, 26 July 1956, Malleson Papers.

8 Ibid.

‘medical’ was as likely to garner ill feeling as the topic of sex itself. As Lewis has observed,

Sexual problems are more easily describable in physiological terms: failure to reach orgasm, lack of an erection, premature ejaculation and so on. Further, the description of sexual problems in more or less physiological terms can have the consequence, perhaps even the function, of editing out or suppressing other ways of understanding sexuality in terms of moral or religious values.’⁹

Clinical Psychology was a new science in the 1940s and 1950s. It was neither a universally established discipline nor a priority in the postwar period.¹⁰ John Hall asserts, ‘There could hardly have been a worse period to start a new profession in Britain’.¹¹ Although the Tavistock’s work was recognized by the new Welfare State, and the expansion of their teaching programme was utilised by the Home office to train probation workers,¹² this did not reflect the bigger picture. The National Health Service was overwhelmed and underfunded,¹³ and NHS policy curtailed those avenues, which if followed, might yield an onslaught of additional and expensive ailments.¹⁴ Courses of psychological treatment were then as now, often long term and requiring one-on-one attention. Objections voiced by FPA physicians to psychosexual practice at the November 1955 conference also reflected a wider reluctance of medical professionals to engage with known issues in unknown ways.¹⁵ Malleon bemoaned this sidestepping in both editions of *Any Wife*. She wrote;

9 Lewis, *Whom God*, 26.

10 John Hall, ‘The Emergence of Clinical Psychology in Britain from 1943 to 1958 Part 1: Core Tasks and the Professionalisation Process’, *History & Philosophy of Psychology*, 9 (2007): 30.

11 Ibid.

12 “Tavistock and Portman.” Factsheet.

13 Irwin, “‘To Try To Find Out’”, 175.

14 Matthew Thomson, *Psychological Subjects: Identity, Culture and Health in Twentieth-Century Britain*, (Oxford, 2006), 252.

15 Irwin, “‘To Try To Find Out’”, 175.

Hospitals have lagged behind the voluntary societies in establishing clinics to deal with marital disorders; nor do they train medical students at all to deal with sexual difficulties. Indeed, psychotherapists apart, doctors have offered relatively little towards the solution of these intimate yet immensely prevalent problems.¹⁶

Malleson continued call for interdisciplinary cooperation.¹⁷ At the FPA, she encouraged Medical Officers to ‘air their difficulties and experiences’ with one another in the spirit of collaborative learning.¹⁸ In the face of opposition, *Any Wife* was promoted to existing clinics and gifted to new branches together with Helena Wright’s *The Sex Factor in Marriage* (1955),¹⁹ and Mary Macaulay’s *The Art of Marriage* (1952), following the November Conference.²⁰ Whilst the dissemination of instructive books did not close the fissure in psychosexual training and awareness, it offered an interim resolution.²¹ A united medical and psychological approach in *Any Wife* equipped readers with a foundation for understanding marital sex problems in psychosexual terms.²²

THE MEDIUM AS THE MESSAGE: BOOKS AND TAPES

The work of “Medica” was tied with an awareness of media specific delivery. The Tapes do not attempt replicate the structure of *Any Wife*. This is because they are composed of recordings of case studies. *Any Wife* is formatted in handbook style; although it uses case examples throughout, chapters explain the contemporary position of married couples, theoretical

16 JM, *Any Wife*, 150.

17 Ibid., 151.

18 JM, ‘Suggestion for the Formation of other Area Groups of Clinic Medical Officers on the lines of the London Group of Doctors,’ November 1955 conference, FPA Archive.

19 First edition, London:1930. Reprinted in many editions until 1969. The 1955 ‘Special Edition’ was produced especially for the NMGC and the FPA.

20 James to JM 15 Dec 1955, Malleson Papers.

21 Ibid.

22 D.W. Winnicott, ‘Foreword’, *Any Wife*, 7.

approaches to sexual problems, up-to-date standpoints on human sexuality (including Kinsey), common disorders in women and men, and general 'deviations'. It finishes by summarizing adaptive and therapeutic resolutions to intimate issues and calling for 'teamwork'. The Tapes provide a practical means of demonstrating the hybrid approach promoted by Malleeson's written work in actual consultations, by capturing her engagement with patients and their responses in real time. For example, a chapter on 'Theoretical Considerations' underpins the psychological concepts Malleeson used. Malleeson believed in John Bowlby's theory of attachment²³ and had attended seminars with Dr. Balint,²⁴ both of whom were pioneers at Tavistock, and worked on revised theories about early childhood.²⁵ Malleeson presents a derivative, mixed-model approach in *Any Wife*. She writes,

Tendencies to many kinds of nervousness begin in early childhood—infancy, in fact; and fears which begin then, and originally had nothing to do with sex, can later become transmuted into adult sexual handicaps.²⁶

In the recordings, written theory is applied as verbal analysis. For example, on Tape Three, Malleeson educates a young wife;

You probably slept with your parents a while...You may have seen things of which you were frightened. Babies are quite aware of sexual intercourse at eight, ten, twelve months...And when you have your own you must remember that, you see...And that can scare a child very deeply...But they won't be able to put it into words...But nobody knew that ten years ago....But now we know it for certain. We've even

23 Cook, "Sex Counselling".

24 Davies, "Dr. Joan Malleeson." 28.

25 Jay R.Greenberg and Stephen A. Mitchell, 'Afterword: The Relational/Structure Models of Balint and Bowlby', *Object Relations in Psychoanalytic Theory*, (Harvard: 1983), 181–187.

26 JM, *Any Wife*, 22.

known of babies who've started asthma at time of their parent's intercourse²⁷

Overall, *Any Wife* grounds its theoretical approach by including nineteen real-life 'examples' from Malleson's case notes. One example reads;

A bus driver who brought his wife to a clinic complained bitterly that she was refusing him sexual relations. Under-nourished and exhausted by child-bearing, she explained that she had lost her capacity for climax. She had found intercourse on these terms simply intolerable; she said: 'Why, doctor, it is as though I get to the very gates of Paradise and suddenly they are slammed in my face.'²⁸

Such truncated, single-perspective accounts provide an anecdotal gateway into topic of psychosexual counselling in *Any Wife*, and are useful illustrations in conjunction with instructive text. However, they fail to demonstrate the experiential interplay of doctor-patient relationships. The written word assumes the complicity of patients and physicians in their designated roles. In a 1935 work, Malleson proffered spoken devices for imparting contraceptive information (for use of a cervical cap), and for anticipating the patient performance;

She should be told that there is no need for her to be nervous about it when she is alone, for if she finds the cap difficult to extract, she can leave it in for a few hours and try again, and that in any case the cap cannot possibly get lost! The patient usually expresses herself as relieved that the procedure has been so simple, but if she still lacks the confidence, it is well to assure her that the technique is only a matter of knack, and that it is worth while learning it at once so that she will have her method at her disposal for the rest of her fertile life.²⁹

27 Transcript, case 3.1/3C2, JM Tape Three.

28 JM, *Any Wife*, 'Example IV', 35

29 JM, *The Principles of Contraception: A Handbook for General Practitioners*, (London; 1935), 107-108.

Text-book role-play is occasionally gratified in the recorded samples. At other times, the expressed difficulties of patients with supposedly 'routine' activities elicit surprise in Malleson;

You find the jelly difficult?...Why?...My Dear! It shouldn't take...WHAT!³⁰

Variations in patient response add value to the recorded case studies as training materials. Technicalities of how sexual topics are broached, how patient testimony is facilitated, and how patients respond to their counsellor and their environments, are not covered in *Any Wife*. Nor does the book explain how counsellors conduct real-life interviews, achieve diagnosis and prescribe treatment. The FPA general secretary Irene James demonstrated her own awareness of these inadequacies, when she made her 'absurd suggestion'. In her 1955 letter, this suggestion was preceded by an acknowledgement of the general usefulness of *Any Wife*. 'I do agree that your book, which I re-read recently with the greatest interest, gives the answer to every question on sexual difficulties raised at the conference,' she wrote. Nonetheless, she requested the creation of additional training materials.³¹

CULTURAL DICHOTOMIES, VERBAL STRATEGEMS

It has been said that, in psychological consultations, 'speech creates performative actions between analysts and patients.'³² *Any Wife* was an

30 Transcript, case 9.1/14P2, JM Tape Nine.

31 James to JM 15 Dec 1955, Malleson Papers.

32 Bruce Reis, 'Performative and enactive features of psychoanalytic witnessing: The transference as the scene of address', *The International Journal of Psychoanalysis*, 90 (2009): 1363.

important textbook, but no substitute for the verbal, aural and corporeal exchanges or performances inherent in the psychosexual method.³³ Yet the ability of doctors or patients to convey what they meant could not be guaranteed, even if it was physically facilitated, and 'permission' granted.³⁴ "It was very difficult in those days to talk about anything at all," recalls Rose Hacker, a sex therapist and contemporary of Malleison. "I remember a woman coming to me again and again... for a weekly meeting... then she'd go away and at the last minute say 'Well, I haven't told you what I really want to tell you...!' She had a terrible phobia about sex."³⁵ The hostility directed at clinical psychology in the mid-twentieth century was multi-faceted. Economic factors were part of this, as was religion and politics. Dawkins recalls, "There was a big Roman Catholic element of course against us but we got it from others too, colleagues who didn't like the idea of our interfering [sic]."³⁶ The cultural dichotomy between addressing sex problems generally and speaking about them in detail, which existed at this time, could also be considered a barrier to the acceptance of psychosexual methods. This incongruity was prevalent in the popular media in the 1950s. For example, Bingham summarizes the contradictory position of the popular press;

'Sensational headlines and suggestive photographs were routinely used to tantalize readers, but reporters tended to drift into euphemism rather than provide graphic physical descriptions.'³⁷

33 Lewis, discussion of Foucault's concept of the clinicians 'gaze' in application to marriage counselling, *Whom God*, 26.

34 Dawkins, referring to Dr Balint's concept of 'permission', interview.

35 Rose Hacker to Jonathan Duffy, 'Britain's Secret Sex Survey', BBC News Magazine, <http://news.bbc.co.uk/1/hi/magazine/4293978.stm>, accessed September 20, 2012.

36 Dawkins, interview.

37 Adrian Bingham, *Family Newspapers? Sex, Private Life and the British Popular Press 1918-1978*, (Oxford: 2009), 263.

In 1950s problem pages, such as Mary Grant's column in *Woman's Own*, nearly half of the letters were 'love' related, but the response was usually non-descriptive and curt.³⁸ Film, as a barometer of cultural mores,³⁹ was similarly restrained. The X-Certificate was introduced in 1951 to protect children from viewing 'adult' material,⁴⁰ but was seldom applied until after 1958, when, according to Marwick, 'the British cinema made its first real attempts to deal seriously with sexual matters.'⁴¹ 'Sex Surveys', such as Geoffrey Gorer's investigation of marriage and sex as part of the English character [1950] and Mass-Observation's *Little Kinsey* [1949] may have 'helped to undermine the notion that the British public would not respond favorably to direct questioning on sexual issues',⁴² but they reveal more about attitudes than practices.⁴³

Psychosexual counselling required direct address of the body, but cultural barriers, as described above, sometimes made this difficult. Many sex counsellors deployed distancing methods to enable body talk. Helena Wright, who, like Malleon, advised married couples for the FPA and a variety of individuals at her private practice, employed an Eric Gill sketch 'showing the penis in lateral view' to educate clients on male physiology.⁴⁴

Malleon possessed an armory of transferable, idiomatic tools of a verbal

38 Claire Langhamer, "Adultery in Post-war England." *History Workshop Journal*, 62 (2006):104.

39 Arthur Marwick, 'Room at the Top, Saturday Night and Sunday Morning and the 'Cultural Revolution' in Britain' *Journal of Contemporary History*, 19 (1984): 127-128.

40 'British media inquiries, White Papers and official reports: Film and Cinema' http://www.terramedia.co.uk/reference/law/official_british_media_reports_film.htm, accessed September 20, 2012.

41 Marwick, 'Room at the Top', 127-128.

42 Bingham, *Family Newspapers*, 97-98.

43 Kynaston, *Family Britain*, 561; Liz Stanley, *Sex Surveyed 1949-1994; From Mass-Observation's 'Little Kinsey' to the National Survey and the Hite Reports*, (London: 1995), 233-236.

44 Evans, *Helena Wright*, 150.

nature. Although not used in *Any Wife*, a stock of alternative phraseology is applied as a means of facilitating anatomical discussion The Tapes. Vulvas becomes a 'doorways', vaginas becomes a 'passages', and the clitoris is renamed the 'outside' part;

Yes, and if you put a little more [lubricant] on just on the outside and outdoors of the passage... ..so that the tension at the doorway is at its very minimum. Do you see?⁴⁵

Malleson presents palatable alternatives as a means of enabling the patient and progressing the consultation in real-world scenarios, directly addressing cultural tensions. 'The girl finds it difficult to choose her own words, despite the confusion, and she accepted my terms quite easily,'⁴⁶ she says on one occasion. On other occasions, uncompromising techniques for curbing avoidance are used. Case 7.2/11M2, Tape Seven, gives the listener both 'an idea of the way people hedge,' and a sample of rapid-fire saturation methods for forcing compliance with 'the proper terms'.⁴⁷

Now how should you be in a muddle? This is a total, blind muddle that you're allowing yourself to be in...It takes only two of you, he would know where the penis goes. [pause] How *can* you not know?...Yes, but does it go in at all?...Uh-hum and why doesn't it go in then? You're still flinching are you?...Yes. And did you learn to put the little glass round thing in? [a dilator]...So you haven't really done anything [laughs restrainedly] towards this situation at all have you. What's holding you back?

CONCLUSION

There were barriers to the psychological treatment of sex problems in the 1950s. These included cultural taboos surrounding frank discussion of

45 Transcript, case 2.1/21B, JM Tape Two.

46 Transcript, case 3.4/6F1, JM Tape Three.

47 Transcript, case 5.1/9I1, JM Tape Five.

the sex act, which psychosexual techniques relied upon. A double-standard existed where sex was omnipresent but disguised in the popular media, making the discussion of intimate problems even more confused. The concept of a happy marriage and a happy sex life was seen as acceptable, but was referred to abstractedly in newspapers and films. Written material for psychologists could not replicate the different stages some patients were at in 'finding their voices' about sexual problems through the media malaise. Part of Malleison's approach was to enable 'hedging' patients with a stock of verbal stratagems. In this way, the tapes apply the teachings of *Any Wife* in real-world situations, and they might be appraised as a combined tool for training. The next chapter offers a final appraisal of The Tapes in the context of mid-twentieth century technological change, and asks if secret tape-recording of patients can be judged by modern ethical standards.

5

Professional Secrecy and Technological Change

The previous chapters have examined how, where, why and in what climate The Malleson Tapes were produced. The likelihood that all of the recordings were created covertly has been presented, and direct citations from recorded patients have been omitted in lieu of this possibility. This final section examines the state of mid-twentieth century medical ethics in the context of social and technological change. The practice of recording for educational purposes is evaluated in both contemporary and historical terms. It is asked if the source was produced unethically.

A CLANDESTINE ARRANGEMENT: COVERT PRODUCTION

Andrew Malleson recalls secreting a tape recorder at Kent Terrace,¹ and has stated, ‘I helped her. I drilled the hole in the vase and

¹ AM “Discovering.” 58.

put the recorder under her desk. It was a vase of dried flowers and the microphone was in there. She had a switch by her desk. When she had an interesting subject for teaching material she could switch it on.’² It has been proposed here that further recordings were made, probably without the knowledge of participants, in other locations, for use as teaching materials by the FPA. As this potentially affects future use of the source, it should be asked if Malleson’s actions were unethical.

Today, although taping a person without their knowledge is not illegal, the act of a doctor secretly recording a patient is considered unethical. The British Medical Association’s [BMA] ‘Confidentiality Toolkit’ states that consent is necessary when making video and audio recordings.³ A distinction is made between those produced for clinical purposes as part of medical records, and ‘surveillance’ for specific reasons such as crime-fighting.⁴ Whilst the taping of patients (and doctors) for legal protection is a known (though controversial) practice,⁵ it is widely accepted that ‘Clinical images, videos and other recordings are vital to good teaching and learning within the health care

2 AM, discussion.

3 “Confidentiality Toolkit; Card 5”, BMA, bma.org.uk/practical-support-at-work/ethics/confidentiality-tool-kit, accessed September 20, 2012.

4 Ibid.

5 ‘Caution urged for doctors recording patients’, Medical and Dental Defence Union of Scotland News, 20 April 2011 <http://www.mddus.com/mddus/news-and-media/news/april-2011/caution-urged-for-doctors-when-recording-patients.aspx>, accessed September 20, 2012; ‘Patient secretly recorded ‘sexual encounter’ with married GP’, Telegraph Online, 6 Feb 2012, <http://www.telegraph.co.uk/news/uknews/law-and-order/9064525/Patient-secretly-recorded-sexual-encounter-with-married-GP.html#>, accessed September 20, 2012.

professions.’⁶ However, there was limited guidance available when Malleson recorded her patients in 1955-1956. This can be explained by three factors; the official status of what constituted ‘ethical’ concerns, the uncommon use of recording technology for medical education in the UK, and the BMA’s cautious relationship with mass media.

WHEN A MORAL CONCERN IS NOT AN ETHICAL ISSUE: IN CONTEXT

Horner’s historical survey of the BMA’s Central Ethical Committee (CEC) minutes shows that the Association’s attitude to ethical concerns changed radically throughout the twentieth century.⁷ This mirrored several major societal upheavals. Horner reports that the volume of ‘Moral Issues’ presented to the CEC before 1937 was negligible.⁸ That year marked the passage of the Matrimonial Causes Act, which broadened the grounds for divorce in England to include cruelty and desertion.⁹ It was followed by the sensational Bourne trial in 1938, in which Malleson was a witness, and ‘which put the abortion decision more firmly in the hands of the medical profession’.¹⁰ The presentation of ‘moral’ cases to the CEC steadily increased thereafter.¹¹ However, the focus was on the role of doctors in a changing society and health economy, and not patients. CEC business in the 1940s and 1950s mostly pertained to physicians’ professional

6 Podcast. ‘New guidance for using medical recordings in teaching’, Joint Information Systems Committee, 5 December 2011, <http://www.jisc.ac.uk/news/stories/2011/12/podcast129debrahiom.aspx>, accessed September 20, 2012.

7 Horner, “Medical Ethics”, 96.

8 Ibid.

9 Addison, *No Turning Back*, 89.

10 Barbara Brookes, *Abortion in England, 1900-1967*, (Beckenham: 1988), 133.

11 Horner, “Medical Ethics”, 96.

relationships with employers (including the NHS), unregistered practitioners, and other practitioners including nursing, paramedical and legal, and with the forbidden 'advertising' of professional services.¹² The preservation of patient confidentiality was omnipresent as a sub-division of 'moral issues' in relation to professional practice. It pertained mainly to the disclosure of disease to third parties, insurers or law enforcers,¹³ for example, in cases of venereal disease in divorce cases.¹⁴

The FPA established its own Ethical Sub-Committee in 1953, the year when numbers of decrees absolute for women peaked.¹⁵ The FPA found that its membership was increasingly being drawn into divorce trials.¹⁶ Margaret Pyke, chair, expressed concern about 'juvenile delinquency' and 'problem families'.¹⁷ The ultimate aim of the committee, however, was in protecting its staff from disciplinary action from medical authorities. The committee, (which did not include Malleson), was formed because, 'some branches have quite unintentionally prejudiced the position of their doctors who could even be struck off the Medical Register if ethical rules of the medical profession were broken'.¹⁸ Between 1953 and 1957, when the committee was active, only one case of patient privacy was discussed,

12 Ibid.

13 Ibid., 81.

14 W. K. Bernfeld, "Medical Professional Secrecy with Special Reference to Venereal Diseases" *British Journal of Venereal Diseases*. 43, no.1 (1967): 53-59.

15 Ronald Fletcher, *Britain in the Sixties: The Family and Marriage*, (Harmondsworth:1962), 138.

16 Ethical Sub-Committee Minutes, FPA archive.

17 Pyke, 'Family Planning: The Past and the Future', *Eugenics Review*, 44, no.4 (1953): 197-201.

18 Report of the Branch Conference, 15 May 1953, London, Ethical Sub Minutes, FPA archive..

concerning the disclosure of information to a police enquiry in 1956. It was agreed that professional confidence must be preserved.¹⁹ Information sharing was otherwise addressed as a hazard to doctors, rather than patients. Therefore, although patterns do exist between developments in medical ethical practice at the BMA, the FPA and changing national perspectives on personal and social issues, ‘moral’ and ‘ethical’ issues were not synonymous in the early 1950s, as they are commonly understood to be today.²⁰

THE USE OF NEW MEDIA IN MEDICAL EDUCATION IN THE 1950s

The inter-disciplinary educational use of new media technology for public health purposes had existed for some decades by the 1950s. Instructional radio had been widely used in both the US and the UK since the 1920s,²¹ and even Bermondsey Council produced pioneering health films for residents at this time.²² The effectiveness of lecture-style films for professional teaching was an ongoing area of academic investigation, with a proliferation of research dedicated to the use of film in clinical psychology.²³ This is particularly apparent in the output of American psychologist Carl Rogers, who had pioneered audio-recording of psychotherapy sessions on phonograph in the early

19 Ethical Sub Minutes, 28 February 1956, FPA archive.

20 Horner, “Medical Ethics”, 99.

21 Kenneth A Spencer, *Media and Technology in Education*, (Liverpool: 1996), electronic edition, University of Hull Digital Depository, <https://hydra.hull.ac.uk/resources/hull:1941>, accessed September 20, 2012. Ch2:10.

22 WL Exhibition, ‘Here Comes Good Health’, <http://www.wellcomecollection.org/whats-on/exhibitions/here-comes-good-health-.aspx>, accessed September 20, 2012.

23 For a comprehensive breakdown, see Taher A Razik, *Bibliography of Research in Instructional Media Vol II*, (New Jersey: 1974).

1940s,²⁴ and filmed sessions by the 1960s.²⁵ Nonetheless, the specific use of new media technology for teaching within the medical profession in the UK was unusual. Thousands of recordings of Roger's therapy sessions were in international circulation,²⁶ but his psychological methods were seen as controversial even in the USA,²⁷ and taping was not readily replicated. Psychologists such as Sigmund Foulkes occasionally made use of taped 'reports on group therapy sessions' for the Group Analytic Society [GAS] in London,²⁸ but the general conversion to using non-written material in the UK was slow.

Although occasionally using tapes,²⁹ the GAS method for teaching group management to students was to have them take verbatim transcripts in abbreviated longhand during sessions.³⁰ The Pioneer Health Centre in Peckham, (which closed in 1950), similarly encouraged its biologists to observe Centre activity first hand.³¹ Film was used, but only to inform the public.³² The FPA's venture into new media was also limited, despite recognition of its potential. By 1956 it was suggested that future contraceptive lecture-demonstrations 'should

24 Brian Thorne, *Carl Rogers*, (London: 2003), 47. Google books edition.

25 'Three Approaches to Psychotherapy: A Film Series', embedded at <http://nathensmiraculouseescape.wordpress.com/2010/05/18/three-approaches-to-psychotherapy-a-film-series/>, accessed September 20, 2012.

26 Howard Kirschenbaum and Valerie Land Henderson, *The Carl Rogers Reader*, (Boston: 1996), xii.

27 Eugene T. Gendlin, "Carl Rogers (1902-1987)", *American Psychologist*, 43, no.2 (1988): 127-128.

28 Sources Guide: Audio Tapes, http://library.wellcome.ac.uk/doc_WTL039891.html, accessed September 20, 2012.

29 Ibid.

30 Barbara Dick in Malcome Pines, Ed., *The Evolution of Group Analysis*, (London: 1983), 62.

31 Barbara Brookes and Jane Lewis, "A Reassessment of the Work of the Peckham Health Centre, 1926-1951", *Health and Society*, 61, no. 2, (1983): 314.

32 Ibid., 325.

include a short film, by 'Ortho', if possible',³³ an American pharmaceutical company that produced films illustrating gynaecological procedures.³⁴ However, no other major technological advance in teaching practice was reported. At the UCH Dyspareunia Clinic, lone student doctors were permitted to witness counselling sessions from 1954,³⁵ though opportunities for learning by observation were restricted as the session only took place on Wednesday afternoons, which was also the UCH student's half day.³⁶ The limited availability of training reflected a wider lack of the availability of refresher courses for GPs in most psychological and medical subjects,³⁷ and The Graves Medical Audiovisual Library was the British response to such 'Academic Isolation'.³⁸ John and Valerie Graves recorded and distributed recorded lectures from 1952, as an experiment. An enthusiastic response saw the library formally established in 1957, however it's founders were still regarded as 'a little mad' for their methods.³⁹ In the period when Malleson was active, even given pioneers such as Rogers, creating and using audio-taped materials in medicine was the exception rather than the rule. This was reflected in the lack of formal guidelines.

33 Mrs Peers' Report on Training, August 15th 1956, WL FPA archive, SA/FPA/NK/182].

34 The WL holds two examples of Ortho Research Foundation instructional films, 'Vaginal and cervical smear', 1951 and 'Human Cervix in Health and Disease', 1940, WL BMAS049 and BMAV048].

35 JM and W.C.W. Nixon. Correspondence. *Br Med J* 1955;1:543.1; Nixon, Woman's Hour, transcript, 1956, Malleson Papers.

36 Chamberlain, *Special Delivery*, 55.

37 Valerie Graves, "Graves Medical Audiovisual Library: 1957-82", *Br Med J (Clin Res Ed)*, 1982;285:1627.

38 *Ibid.*, 1627-1628.

39 *Ibid.*

THE BMA AND THE MEDIA

The CEC briefly acknowledged the probability that its membership might utilise audio technology at some point. In 1947, it recognized the potential threat to confidentiality. The December minutes record that there was, ‘no objection to the installation in a doctor’s car of wireless transmitting and receiving apparatus, provided the doctor ensures that arrangements for the maintenance of professional secrecy are adequate.’⁴⁰ There were 685 Police signal boxes in London by 1953,⁴¹ and this minute suggests further uses of wireless technology may have been envisioned prior to the Wireless Telegraphy Act in 1949.⁴² Did it also imply that covert recording was permissible, providing the identity of the subjects was not disclosed?

The identity of doctors in the mass media constituted a larger concern in the postwar years.⁴³ In 1950, the BMA Annual Representative Meeting passed a motion that contracts for doctors to broadcast should insist on strict anonymity.⁴⁴ Malleon’s radio and TV broadcasts as ‘Medica’ exemplify this prohibition in action. However, media growth inspired constant reviews of this policy, as increasing requests were made for media appearances from the medical

40 Horner, “Medical Ethics”, 83.

41 Robert W. Stewart, online paper, “The Police Signal Box: A 100 Year History”, University of Strathclyde, 1994, <http://homepages.eee.strath.ac.uk/r.w.stewart/boxes.pdf>, accessed September 20, 2012, 8.

42 ‘Wireless Telegraphy Act 1949’, <http://www.legislation.gov.uk/ukpga/Geo6/12-13-14/54/contents>, accessed September 20, 2012.

43 Horner, “Medical Ethics”, 99-100.

44 Ibid.

profession.⁴⁵ Addison asserts, ‘The rise of television was the single most sweeping change in mass consumption in the 1950s’.⁴⁶ National TV coverage had expanded to 95% by 1955.⁴⁷ As Horner concludes, ‘It was clear that the doctors were fighting a losing battle with a society rapidly adjusting to a new communications’ medium.’⁴⁸ Overall, the CEC’s minimal output regarding confidentiality needs of patients was overshadowed by larger concerns of indirect promotion in a burgeoning communications culture.

CONFIDENTIALITY, CONSENT AND ULTIMATE INTENDED USE

UK medical ethics was affected by the growth of popular media and related technology in the post-war period, but this concentrated on the protection of doctors, rather than patient interest. Malleson was a divorced woman who had experienced many personal and professional challenges.⁴⁹ Through her own wide ranging experiences she developed a subjective moral code, and readily questioned given lore. Her son stated, ‘My mother took medical ethics seriously. She tried to abide by the Hippocratic oaths (or at least the ones she agreed with).’⁵⁰ Today, Malleson’s apparent failure to obtain patient consent may be reprehensible. Nonetheless, there was little guidance on the taping of patients in the UK, mid-century. Given Malleson’s efforts to anonymise

45 Ibid., 79.

46 Addison, *No Turning Back*, 56.

47 John Ellis and Christopher Hand, ‘Television Ownership in Britain and the Coming of ITV’, What do the statistics show?, unpublished paper <http://staffnet.kingston.ac.uk/~ku32101/tvownership.pdf>, accessed September 20, 2012, 5.

48 Horner, ‘Medical Ethics.’ 79.

49 Cook, ‘Sex Counselling’.

50 AM ‘Discovering.’ 56.

The Tapes, we have no evidence to suggest that she did not try to balance patient privacy against the benefits of the purpose she had in mind. It has been said that Rogers may have proclaimed new ethics by requiring patient consent when recording.⁵¹ However, encouraging patient agency was uncommon.⁵² Rogers' intention—to transcribe the recordings for further analysis—was also known.⁵³ Given the high probability that consent was not obtained, Malleson's intended use for the recordings is relevant to resolving the ethical dilemmas surrounding current and future use of the source. This paper has explored some likely explanations. Ultimately, however, Malleson's intentions remain unknowable and can only be inferred from the recordings, and evidence about the tapes themselves.

51 Ibid., 56.

52 Ibid.

53 Ibid.

Conclusion

The Malleson Tapes are a valuable and fascinating resource. They contain unique information about private doctor-patient exchanges and come closer to the ‘experience’ of psychosexual counselling than written records can. Potentially, they provide a gateway into the world of The Clinic in history, and the private struggles of ordinary people. From the recorded content, it is possible both to discern strategies that Malleson used for identifying problems, and to define more clearly what those problems were in historiographic terms. Patient response is recorded, and sometimes challenges authority, as well as accepting the doctor’s appropriation of sexual life in the context of eugenic, contraceptive, psychological, and experimental advice. The Tapes are an important barometer of strengths and deficiencies in the sex counselling advice in Post-war Britain, and can be related to significant bodies such as the

FPA, the Tavistock and the NHS. For researchers, the possibility of using The Tape's content to illuminate the history of class and gender in mid-twentieth century Britain, is promising.

However, The Tapes are ultimately a problematic source. Andrew Malleson's assertion of covert recording poses ethical questions. This claim may not apply to The Tapes as a whole, and the sensitivity of the issue may change over time, but it needs authoritative assessment before work can progress. Historically, The Tapes are a mediated source that has been subject to purposive sampling, mechanical editing and post-production. In this sense, potential 'oral history' elements, even without claims of secret recording, must be treated with caution. The provenance and purpose of the recordings also warrant further discussion in ethical, sociological and historical terms. Andrew Malleson has postulated that they were part of a pre-suicide scheme to preserve his mother's work. This paper, whilst not diffusing this theory, has attempted to reconfigure the historical picture of The Tapes as FPA training materials based on material evidence, and data from the recorded cohort. This is the likeliest purpose for The Tape's creation, as the content closely matches known information about FPA sites and clientele. The timeframe for their production also corresponds to a period when training was required but not adequately facilitated by the FPA.

Nonetheless, questions remain. Why were The Tapes not widely known or used? Despite being anonymised, potentially identifying

details remain on the recordings. It might be speculated that Malleson, who appears not to have completed all the editing she envisaged [Tab.1,2], realised this and withheld them. However, contemporary ethical guidelines did not prohibit such recording in itself, and it could be that Malleson simply did not finish the project. Overall, these queries remain unanswered if relatively little about the provenance of a source is understood. This paper has attempted to offer solutions to basic questions, to facilitate further research. It has also demonstrated that, fascinating though the verbal testimony may be, valuable and relevant evidence can be harvested elsewhere in The Tapes without compromising the recorded subject's right to privacy. Whilst research has been forced to look beyond recorded content in this instance, this has yielded important, alternative routes into the material and opened pathways to the complex political and cultural issues outside the consultation room that Malleson, and others, were addressing.

Comparison of Kensington FPA constitutions

WL FPA Papers SA/FPA/NK/5A

1952: "North Kensington Women's Welfare Centre" Constitution	1955: "North Kensington Marriage Welfare Centre" Constitution
2. The Object of the Centre is to promote the health and welfare of women in their capacity as wives and mothers, by:	2. The Object of the Centre is the promotion of Health and Welfare in marriage by:-
a) Advice on Family Planning, including investigation of the treatment for involuntary sterility, instruction in scientific contraception, and premarital consultations. b) Advice on difficulties connected with the marriage relationship. c) Advice on and treatment of Gynaecological ailments d) Establishing and maintaining clinics for the purposes aforesaid for the use of women unable to afford the fees of private doctors. e) Promoting the interest of the Medical and Nursing professions in Family Planning f) Examining such other problems as are incident to the objects above mentioned and taking such action in regard there to as many as may seem proper g) Taking such action as may be conducive to the attainment of the said objects or to any of them	a) Providing professional advice and treatment for men and women in connection with I. Birth Control, including minor Gynaecology II. Involuntary Sterility III. Marriage Problems (Physical and Psychological) IV. Premarital Health and Welfare V. Eugenics

Biographic Sketch of Dr. Sylvia Dawkins
Friend and Colleague of Dr. Joan Malleson

Dr. Sylvia Dawkins née Ransford was born in 1904 and qualified at The Royal Free hospital in 1929. After nearly twenty years in general practice, she joined the FPA. By the early 1950s, she was Medical Officer at the Married Women's Clinics in Willesden and Welwyn Garden City, and at the FPA Branches in Hornsey and Watford, adding FPA Islington and North West London branches by 1952. Dawkins knew Malleson before she was appointed Hon. Clinical Assistant at the UCH Contraceptive Clinic in 1954, as they both worked at Islington FPA. Malleson had personally requested Dawkins and took her in-hand in all aspects of contraceptive and counselling work. They were personal friends and collaborated on research into unconsummated marriages. The Dawkins family were particularly close to Andrew Malleson.

After Joan Malleson's death, Dawkins took over at the UCH Dyspareunia Clinic, which was still under the auspices of Professor William Nixon. Dawkins was selected to participate in psychosexual training seminars with for the FPA in 1958. These took place under Dr. Balint, of the Tavistock clinic, with whom Malleson had attended seminars in the early 1950s. The relationship between Balint and the Association was formally organized this time, and seminars were rolled out nationally. This partnership with the FPA and Dawkins in particular would eventually lead to the formation of the Institute of Psycho-Sexual Medicine in 1975. After retirement, and into her 80s, Dawkins continued to lead FPA groups in London and Cambridge. She died in 1996.

SOURCES:

Joanna Barnes, "Sylvia Dawkins." Obituary. *Br Med J*. 1996 May 18; 312(7041): 1295, Chamberlain, *Special Delivery*; *Dawkins*, interview; AM, "Discovering."; AM, Discussion; *Medical Directory*;

"Balint, Michael Maurice (1896–1970)," Philip Hopkins in *ODNB*, online edition., ed. Lawrence Goldman, Oxford: OUP, [http://0-](http://0-www.oxforddnb.com.catalogue.ulrls.lon.ac.uk/view/article/51076)

[www.oxforddnb.com.catalogue.ulrls.lon.ac.uk/view/article/51076](http://0-www.oxforddnb.com.catalogue.ulrls.lon.ac.uk/view/article/51076), accessed September 24, 2012

Letter from Professor Nixon to the British Medical Journal,
following Joan Malleeson's death in May 1956

JOAN MALLESON, M.B.

Professor W. C. W. NIXON writes:

Joan Malleeson, whose obituary you printed in last week's Journal (p. 1242), belonged to a select and courageous group of women doctors who in the late 'twenties were pioneers. Their views and practice, considered heretical at that time, have now been accepted as conventional and orthodox. Many of the achievements of the Family Planning Association have been due to their efforts. It was appropriate that Joan Malleeson was able to enjoy the Association's recent silver jubilee celebrations, in which the Minister of Health participated.

It was in 1950 that she was appointed in charge of the contraceptive clinic attached to University College Obstetric Hospital. Before her appointment contraceptive advice had been given somewhat casually by junior obstetricians working in the post-natal clinic. She quickly established herself as an expert, not only in advising on family planning but also on the intimacies of marital life. It was soon obvious that she could not cope single-handed with the volume of patients who were being referred both from within the hospital and from general practitioners, and it was fortunate she was able to enlist the help of a colleague to undertake the bulk of the contraceptive work. This left her free to accept more of the difficult cases of dyspareunia and frigidity -conditions she had specially studied and in the alleviation of which she had been so singularly successful. Thus was brought into being the first "dyspareunia clinic" to be established at a teaching hospital. With the realization of the importance of this subject for general practitioners it was agreed that one student should be present at each session. Many students have expressed their appreciation for the privilege of having learnt from Joan Malleeson the way to deal with the sexual problems which beset many married women and which if not alleviated lead to the bankruptcy of marriage. I am consoled in the knowledge that the establishment of this clinic was a source of real joy to her. Her long battle against obdurate obscurantism was being won.

During the last few years she herself was in constant pain from that mysterious disease-"slipped disk." But despite this disability she rarely missed attending this clinic; smilingly and tenderly she gave her unstinting attention to her patients' suffering without them ever being aware of her own pain. She had an infinite capacity for helping her patients, sharing their sorrows and rejoicing when they were happy. I hope it is a consolation to her family, to her colleagues, and to her patients to know that our memory of her will never perish. The clinic and the work she initiated will continue and her gospel will spread to other centres, bringing with it comfort and happiness to many mothers who had given up hope of sharing a full and complete life.

Primary Sources

Wellcome Library for the History and Understanding of Medicine, London [WL].

Archival sources used in this paper were examined mainly at the WL. This includes The Malleson Tapes. Cassette copies are available for reader use in the Moving image and sound collection and are listed below. The Original Reels are also held at the WL, in the Archives and Manuscripts collection, under PP/MAL1 through 10.

Joan Malleson Tapes (reader cassettes)

Tape 1	WL 698A	Tape 6	WL 703A
Tape 2	WL 699A	Tape 7	WL 704A
Tape 3	WL 700A	Tape 8	WL 705A
Tape 4	WL 701A	Tape 9	WL 706A
Tape 5	WL 702A	Tape 10	WL 707A

The Family Planning Association [FPA] archive is held at the WL, and FPA items cited in this paper have been taken from the collections below.

Joan Malleson Papers SA/FPA/A14/58

Report of the FPA Conference of Clinical Medical Officers and Nurses, Saturday 26th of November 1955 SA/FPA/A6/10]

Ethical Sub-Committee Reports 1953-1957 SA/FPA/A5/45]

Training arrangements SA/FPA/NK/182]

Islington Branch Papers SA/FPA/A4/A8/2

A transcript of a television interview with Sylvia Dawkins, which has been cited throughout this paper, is held in the WL Archives and Manuscripts Collection.

Sylvia Dawkins, interview by 'Television History Workshop', 1988, rolls 66, 67, 68. WL GC/105/26

Books and Journal Articles

A number of period books and articles relevant have been included as primary source material in this paper. Joan Malleson and her close colleagues, including Sylvia Dawkins, W.C.W Nixon, Helena Wright and Michael Balint, wrote or contributed to many publications. They are too numerous to list here but are available through contemporary journals such as *The Practitioner*, *Lancet*, and *British Medical Journal* [Br Med J]. The list below refers solely to those cited in this paper.

Katial, C. L . "Finsbury Borough Council Public Health Department Handbook relating to Public Health Services in Finsbury." (London; Finsbury Borough Council, 1938).

- Fuller, Evelyn. *On the Management of a Birth Control Centre*, (London: Noel Douglas, 1931). Second edition.
- Jackson, Margaret Hadley., Malleson, Joan., Stallworthy, John., and Walker, Kenneth., *Problems of Fertility in General Practice*. (London: Hamish Hamilton Medical Books, 1948).
- Francois Lafitte, 'The Users of Birth Control Clinics', *Population Studies*, 16, no. 1 (July 1962): 12-30
- Malleson, Joan, *Any Wife or Husband*, (Harmondsworth: Penguin, 1963). 1st edition, (London; Heinemann, 1955).
- "Sex problems in marriage", *Practitioner*, 172 (April 1954): 389-396
- *The Principles of Contraception: A Handbook for General Practitioners*. (London; Victor Gollancz Ltd., 1935).
- Pyke, Margaret. "Pimlico to Knightsbridge", *Family Planning*, (Jan 1956). reprinted in same, (1972): 3-5.
- "Family Planning: The Past and the Future", *Eugenics Review*, 44, no.4 (1953): 197-202.
- G. Aird Whyte, "The Eugenics Society" ["Part of a symposium on "The Future Activities of the Eugenics Society, at Members' Meeting on Wednesday, November 18th, 1953"] *Eugenics Review* 46 (April 1954): 17-19.

Secondary Sources

Select Works

The following list is a guide to secondary sources cited in this paper. Selected, recent works named in the introduction but not cited are included here for background reading on Malleson's life and work. This list includes both published and unpublished sources.

- Addison, Paul. *No Turning Back: The Peacetime Revolutions of Post-War Britain*. Oxford: OUP, 2010.
- Bingham, Adrian. *Family Newspapers? Sex, Private Life and the British Popular Press 1918-1978*. Oxford: OUP, 2009.
- Bernfeld, W.K., "Medical Professional Secrecy with Special Reference to Venereal Diseases." *British Journal of Venereal Diseases*. 43, no.1 (1967): 53-59.

- Brooke, Stephen. *Sexual Politics: Sexuality, Family Planning, and the British Left from the 1880s to the Present Day*, (Oxford: OUP, 2011).
- "Bodies, Sexuality and the "Modernization" of the British Working Classes, 1920s to 1960s." *International Labor and Working-Class History*, no. 69, Working-Class Subjectivities and Sexualities, (Spring, 2006): 104-122.
 - "'A New World for Women'? Abortion Law Reform in Britain during the 1930s", *The American Historical Review*, 106, no. 2 (2001): 431-459
- Barbara Brookes, *Abortion in England, 1900-1967*. London; New York; Croom Helm, 1988
- Barbara Brookes and Jane Lewis, "A Reassessment of the Work of the Peckham Health Centre, 1926-1951." *Health and Society*, 61, no. 2, (1983): 307-350.
- Brown, Andrew. *J. D. Bernal: The Sage of Science: The Sage of Science*. Oxford: OUP, 2007.
- Chamberlain, Geoffrey. *Special Delivery: The Life of the Celebrated British Obstetrician William Nixon*. London: RCOG, 2004.
- Cook, Hera. "Sex Counselling and Hierarchies of Class and Gender in Mid-twentieth Century Britain." Paper presented at the Institute of Historical Research Women's History Seminar, London, 15 June 2012.
- *The Long Sexual Revolution*, Oxford: OUP, 2004
- Davies, Marika. "Dr. Joan Malleson, 1900-1956: her role in the abortion and family planning movements." BSc Dissertation, Wellcome Institute for the History of Medicine, 1996.
- De Costa, Caroline. "Never, Ever Again...: Why Australian Abortion Law Needs Reform." 2010.
- Drife, James Owen. "Historical perspective on induced abortion through the ages and its links with maternal mortality." *Best Practice & Research Clinical Obstetrics & Gynaecology*, 24, 4 (2010): 421-441.
- Ellis, John and Hand, Christopher. "Television Ownership in Britain and the Coming of ITV: What do the statistics show?", unpublished paper, 2002, <http://staffnet.kingston.ac.uk/~ku32101/tvownership.pdf>.
- Evans, Barbara. *Freedom To Choose; The Life & Work of Dr Helena Wright, Pioneer of Contraception*. London: Bodley Head, 1984.
- Farmer, Ann. *By Their Fruits: Eugenics, Population Control, and the Abortion Campaign*. Washington D.C.: Catholic University of America Press, 2008.
- Fletcher, Ronald. *Britain in the Sixties: The Family and Marriage*. Harmondsworth: Penguin, 1962.

- Gendlin, Eugene T., "Carl Rogers (1902-1987)." *American Psychologist*, 43, no.2 (1988): 127-128.
- Graves, Valerie. "Graves Medical Audiovisual Library: 1957-82." *Br Med J (Clin Res Ed)*, 1982; 285-286.
- Greenberg, Jay R. and Mitchell, Stephen A., 'Afterword: The Relational/Structure Models of Balint and Bowlby.' In *Object Relations in Psychoanalytic Theory*, Cambridge, Mass: HUP 1983.
- Hall, John. 'The Emergence of Clinical Psychology in Britain from 1943 to 1958 Part 1: Core Tasks and the Professionalisation Process.' *History & Philosophy of Psychology*, 9 (2007): 29-55.
- Hall, Lesley. - *Outspoken Women: An anthology of women's writing on sex, 1870-1969*. Oxon; Routledge, 2005.
- "Eyes Tightly Shut, Lying Rigidly Still, and Thinking of England? British Women and Sex from Marie Stopes to Hite 2000." in *Sexual Pedagogies: Sex Education in Britain, Australia, and America, 1879-2000*. Ed. Claudia Nelson and Michelle H. Martin. New York: Palgrave Macmillan, 2004, 53-72.
- *Sex, Gender and social change in Britain since 1880*. Basingstoke: Macmillan, 2000.
- Henderson, Valerie Land and Kirschenbaum, Howard., eds, *The Carl Rogers Reader*. Boston: Houghton Mifflin, 1996.
- Horner, J.S., "Medical Ethics and the Regulation of Medical Practice with Particular Reference to the Development of Medical Ethics Within the British Medical Association 1832-1993." MD Thesis, Victoria University of Manchester, 1994.
- Irwin, Robert., "'To Try and Find Out What Is Being Done to Whom, by Whom and with What Results': The Creation of Psychosexual Counselling Policy in England, 1971-1979." *Twentieth Century British History*, 20, no. 2, (2009): 173-197.
- Keown, John. *Abortion, Doctors and the Law: Some Aspects of the Legal Regulation of Abortion in England from 1803 to 1982*. Cambridge: CUP, 1988.
- Kynaston, David., *Family Britain; 1951-1957*. London: Bloomsbury Publishing PLC, 2010.
- Langhamer, Claire. "Adultery in Post-war England." *History Workshop Journal*, 62 (2006): 86-115.
- Leathard, Audrey. *The Fight for Family Planning*. London and Basingstoke: The Macmillan Press Ltd, 1980.

- Lewis, Jane., Clark, David and Morgan., David, *Whom God hath Joined Together: The Work of Marriage Guidance*. London: Routledge, 1992.
- Malleson, Andrew. "'Discovering the family of Miles Malleson 1888-1969.'" Unpublished genealogy. 2012. Available at the WL and Google Books.
- Marwick, Arthur. "Room at the Top, Saturday Night and Sunday Morning and the 'Cultural Revolution.'" *Britain' Journal of Contemporary History*. 19, no. 1 Historians and Movies: The State of the Art: Part 2, (1984): 127-152.
- Pines, Malcome., ed. *The Evolution of Group Analysis*. London: Routledge and Kegan Paul, 1983.
- Reis, Bruce. "Performative and enactive features of psychoanalytic witnessing: The transference as the scene of address." *The International Journal of Psychoanalysis*, 90 (2009): 1359-1372.
- Russell, Dora, *The Tamarisk Tree: My Quest for Liberty and Love, Part 1*. London: Virago Press Ltd. New Edition 1977
-*Volume 2: My School and the Years of War*. London: Virago Press Ltd, 1981
-*The Tamarisk Tree: Challenge to the Cold War, Part 3*. Virago Press Ltd, 1985
- Spencer, Kenneth A. *Media and Technology in Education*, (Liverpool: 1996). electronic edition, University of Hull Digital Depository, <https://hydra.hull.ac.uk/resources/hull:1941>, accessed September 20, 2012.
- Strange, J.M. "In Full Possession of Her Powers: Researching and Rethinking Menopause in early Twentieth-century England and Scotland." *Social History of Medicine*, 25, no. 3 (2012): 685-700.
- Stanley, Lix., *Sex Surveyed 1949-1994; From Mass-Observation's 'Little Kinsey' to the National Survey and the Hite Reports*. London: Taylor & Francis, 1995.
- Stewart, Robert. W., online paper, "The Police Signal Box: A 100 Year History", University of Strathclyde, 1994, <http://homepages.eee.strath.ac.uk/r.w.stewart/boxes.pdf>.
- Thomson, Matthew. *Psychological Subjects: Identity, Culture and Health in Twentieth-Century Britain*, Oxford: OUP, 2006.
- Thorne, Brian. *Carl Rogers*, (London: 2003), 47. Google books,
- Wright, Helena. "Fifty Years of Family Planning," *Family Planning*, July 1972.
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