

## **A Contemporary History of Female Sexual Dysfunction, 1960 to the Present**

### RESEARCH QUESTIONS

Female Sexual Dysfunction" (FSD) is an umbrella term for diagnoses in the American Psychiatric Association's Diagnostic and Statistical Manual (DSM) relating to desire, arousal, orgasm, and pain. Female sexual problems have long been the subject of psychiatric and sexological discussion (e.g. Stekel 1926, Hirschmann & Berger 1936), with psychoanalysis dominating their conceptualisation until the 1960s. Thereafter, psychoanalysis began to lose its influence in American psychiatry, and earlier concepts of "frigidity" began to be replaced by Masters and Johnson's new classifications of sexual dysfunctions" (1966, 1970). The DSM-III (1980), which largely adopted Masters and Johnson's classifications, is widely seen as asserting a renewed biological psychiatry shorn of Freudian theory.

My research will ask what are the shifting relationships between psychiatry, feminism, and sexology since 1960 that have enabled FSD to emerge as a medico-psychiatric category in the US and UK.

### **Part 1. The Emergence of Female Sexual Dysfunction, 1960-1990**

#### **1) The DSM**

How and why were "sexual dysfunctions" incorporated into DSM-III in 1980? And how does this incorporation complicate the view that DSM-III represented a categorical shift from a psychoanalytic to a biological psychiatry?

#### **2) Critiques**

Scientific, philosophical and feminist critiques of psychiatry and psychoanalysis mounted from the 1960s. What was their impact on the DSM's definitions of FSD from 1980 onwards, and on wider psychiatric discourse about sexual problems?

### **Part 2. British FSD, Contemporary FSD**

#### **3) British psychiatry**

How has British psychiatry, with a history of healthcare provision distinct from that of the US, conceived of sexual problems since DSM-III? And what does this reveal about whether the DSM-III has, as is often claimed, fostered an internationalised psychiatry?

#### **4) Contemporary FSD**

What are female sexual problems – and their causes and solutions – understood to be in popular American and British resources? How prominent is the medico-pharmaceutical discourse in these arenas, and what does this tell us about the relationship between medical and popular discourse on sexual problems?

### **Part 3: Conclusion**

What impact have critiques of psychoanalysis and psychiatry had on FSD since the 1960s? And how have they shaped the avoidance of etiological questions that characterises contemporary discourse about sexual problems?

### AIMS OF THE RESEARCH

I will write a monograph that will be the first history of "FSD" in this period. (See Dissemination for other research outputs.) The research has three main aims:

a) To detail the emergence of "FSD" within post-war American psychiatry, and its subsequent trajectory in the US and the UK.

A rich scholarship exists on psychiatry's engagement with sexual behaviour, identity and gender (Bayer 1981, Dreger 1998, Groneman 2000, Hausman 1995, Meyerowitz 2002, Waters 2005), and on the history of female sexual problems (Bland & Doan 1998, Cook 2004, Cryle 2009, Gerhard 2001, Hall & Porter 1995, Hall 2000, Irvine 2005, Lewis 2005, Lunbeck 1994). A feminist critique of the recent "pharmaceutical medicalisation" of sexual problems has also emerged (Fishman 2004, Fishman & Mamo 2001, Hartley 2003, 2006, Kaschak and Tiefer 2001, Loe 2004, Tiefer 1995).

There is, however, no account of the psychiatric emergence from the 1960s of problems of sexual *function*. My research will fill this lacuna.

b) To reflect on post-war "biological psychiatry" – a phenomenon perhaps still considered too new to have generated a significant body of historical commentary about itself" (Micale & Porter 1994, 31, n. 49).

Sadowsky has recently argued (2005) that the metaphor of a historical pendulum, swinging between somatic and psychological psychiatries (Shorter 1997), is belied by a more complex relationship between psychodynamism and biological psychiatry (Braslow 2000, Metzl 2003). My work will provide a case study for examining this more complex relationship between "kinds" of psychiatry, for example by elucidating the role of key psychoanalysts (Helen Singer Kaplan, Harold Lief, and Robert Stoller) in shaping the DSM's conceptualisation of FSD.

It will also assess critical accounts of the DSM (Horwitz & Wakefield 2007, Kutchins & Kirk 1997), and test the perception that the DSM's FSD nomenclature achieves a remarkable dissemination, by, first, exploring its significance in the UK in contrast to the US (where the DSM is key to securing insurance cover), and, second, examining the reach of "FSD" in popular discourse.

c) To address shortcomings in existing critiques of FSD.

These accounts focus largely on medico-pharmaceutical discourse; I will instead examine a wider range of sources on sexual problems (including women's magazines, newspapers, health information websites, and sex toy packaging), thereby providing a detailed characterisation of contemporary FSD.

Critiques also focus on FSD as the product of the professional expansion of sexology and urology, and echo key strands of second-wave feminism - namely a suspicion of psychiatry, psychoanalysis and pharmaceuticals (Irvine 2005, Tiefer 1995). My work, in contrast, will draw out the longer psychiatric and cultural phenomena that have shaped FSD, tracing the legacy of post-war challenges to psychoanalytic psychiatry and of the fraught post-war relationship between psychiatry and feminism.

## WORK THAT HAS LED UP TO THE PROJECT

This project emerges from my previous research in the history of psychiatry, psychosomatics, and FSD. My PhD examined the impact of stigmas associated with psychosomatic etiologies on FSD discourse since Viagra's licensing in 1998. (It also examined peptic ulcer, and psychosomatic medicine.) It drew out the strenuous rhetorical management of psychiatry's contested past – and its contested etiological frameworks - within both medical and media discourse on sexual problems.

My preliminary visit to view the American Psychiatric Association (APA) archival material in Washington DC - some of it only newly accessible - has shaped the project, as has the presentation of three papers in the last year (at the History and Philosophy of Medicine seminar, Bristol University; Where Are We Now? Feminism and Heterosexuality Conference, the Institute of Advanced Study, London; Half Past: Writing Recent History, Warwick University). I have interviewed Leonore Tiefer, a prominent FSD critic who has agreed to be interviewed further.

My work at Warwick has also significantly informed the project. Research assistance to Dr Mathew Thomson on the post-war history of student health has deepened my understanding of British psychiatry and psychology; working with Dr Sarah Hodges on recent changes in clinical waste (see Angel, 2009) has honed my oral history skills, and I have worked closely with Dr Claudia Stein on Sexual Health Awareness Week, a series of events combining outreach, awareness-raising, and oral history regarding HIV/AIDS from the 1980s to the present. These experiences have deepened my understanding of the importance and challenges of writing about the very recent past.

## PLAN OF RESEARCH

I will complete a monograph divided into three Parts.

### **Part 1. The Emergence of Female Sexual Dysfunction, 1960-1 990**

#### **1) The DSM**

Using APA archival material, I will show how and why "sexual dysfunctions" were incorporated into DSM-III. I will detail the shifting DSM nomenclature relating to sexual response, and to problems of desire, arousal, orgasm, and pain. I will also detail the role played in shaping FSD, across DSM-III and its revised edition in 1987 (DSM-III-R), by Richard Friedman, Richard Green, Helen Singer Kaplan, Judith Kuriansky, Harold Lief, Lawrence Sharpe, and Robert Stoller.

Several of these key figures are psychoanalysts; yet DSM-III is widely seen as categorically breaking with psychoanalytic psychiatry. Moreover, DSM-III appropriates symptoms historically problematised by psychoanalysis. How, then, were these phenomena negotiated, given the disrepute into which psychoanalysis had fallen? Tracing the emergence of FSD in DSM, I will suggest that there is a more complex relationship between the decline of psychoanalysis and the biologisation of psychiatry in the DSM than commonly asserted.

#### **2) Critiques**

From the 1960s especially, a critique of psychoanalysis and psychiatry mounted in scientific, philosophical, and feminist texts (Boston Women's Health Book Collective 1970, Ehrenreich & English 1978, Eysenck 1959, Friedan 1963, Greer 1970, Hook 1959, Koedt 1970, Laing 1964, Millett 1970, Szasz 1962, and US and UK magazines such as *Ms*, *Feminist Review*, *Redbook*, *Spare Rib*, *Shrew*, and *Suck*). Using APA material and psychiatric journals, I will draw out the impact of these critiques on DSM-III's definitions of FSD, and on wider psychiatric discourse about sexual problems.

The "anti-psychiatry" movement is largely associated with the 1960s and 70s; I will scrutinise vehement criticisms of the APA that erupted during the 1980s (Bennetts 1981), regarding the location of the APA Annual Meeting in a state that had not ratified the Equal Rights Amendment (ERA), and proposed diagnoses of Premenstrual Dysphoric Disorder and Masochistic Personality Disorder. The 150+ letters of protest from feminist psychiatrists and social workers on each issue, along with APA responses, will provide an important case study of the fraught relationship between feminism and psychiatry during this decade. I will then trace, in the APA material, the impact of these campaigns on FSD in the 1987 DSM-III-R, and responses in psychiatric journals to the more general critiques of the discipline.

This section will form the basis for exploring the contemporary legacy of critiques of psychiatry in the Conclusion.

## **Part 2 British FSD, Contemporary FSD**

This part of the monograph will challenge widespread assessments of both the DSM and FSD.

### **3) British psychiatry**

Existing FSD critiques focus largely on the USA. How has British psychiatry, with its very different history of healthcare provision, conceived of female sexual problems since DSM-III? I will trace British psychiatric responses to critiques of psychiatry; to the developing DSM and its controversies; and to the emerging FSD nomenclature. This will enable me to assess whether (as is often claimed) the DSM from 1980 onwards has fostered a hegemonic and internationalised psychiatry. My initial research comparing American and British psychiatric journals suggests a lesser preoccupation in the latter with both the DSM and "FSD". How does the different role played in the UK by the DSM shape FSD in Britain?

### **4) Contemporary FSD**

What is FSD understood to be in contemporary discourse? Focusing on the "post-Viagra" period in the UK and US (1998 onwards), I will test whether the DSM's FSD nomenclature has achieved significant dissemination, and whether FSD is in fact "reduced" to the purely biological. I will do this by examining how female sexual problems, and their causes and solutions, are conceived of in popular as well as medical discourse. My preliminary research suggests that examining a wider range of sources (women's magazines, broadsheet and tabloid media, self-help books, health information websites, and the packaging of sex toys now widely sold) reveals a complex ontology of factors relevant to managing sexual problems; emotions and fantasy are seen as just as important as hormones or the brain's "desire centres".

I will then ask what my findings reveal about the reach of the DSM, and about the relationship – and indeed, the tenability of a distinction - between medical and popular discourse.

### **Part 3 Conclusion**

The concluding part of the monograph will draw together the previous findings, and discuss the fraught status of etiological questions in FSD debates. Suggestions that psychological and social factors may play a causal role in sexual problems are routinely interpreted as insulting denials of sufferers' symptoms, or accusations of deceit or delusion. I will explore how this phenomenon is shaped by the legacy of critiques of psychiatry discussed above.

## METHODOLOGY AND SOURCES

Unless otherwise specified, sources are available at the British and Wellcome Libraries, the Library of Congress, or online.

### **Part 1.**

APA Archives (Washington DC)

**Boxes 100711, 100712, 100714, 100904, 95-38-01, 705-040-015, 100708**

DSM-III, 1975-1 980, and DSM-III-R, 1980-1 987

- memos and letters between Robert Spitzer (Chair of DSM-III Task Force on Nomenclature and Statistics), members of the Task Force Subcommittee on Sexual Disorders, the Advisory Committee on Sexual Disorders, and clinicians and sex therapists, regarding definitions of and criteria for the sexual dysfunctions
- Successive drafts of nomenclature, with comments and revisions

The critiques:

Over 150 letters and memos regarding controversies over the Equal Rights Amendment in 1981, and Premenstrual Dysphoric Disorder and Masochistic Personality Disorder in 1986, with replies (e.g. from APA Medical Director Melvin Shabsin).

***Psychiatric News*** (the APA's newsletter), and ***News for Women in Psychiatry*** (newsletter of the Association of Women Psychiatrists).

Note: small amounts of archival material from the National Association of Social Workers, prominent in the above campaigns, may be available at a later date in Washington DC; this material is not crucial to the research, however.

For the impact of these developments:

*American Journal of Psychiatry*  
*Archives of General Psychiatry*  
*American Journal of Psychoanalysis*

*Journal of the American Medical Association*  
*New England Journal of Medicine*  
*Social Work* (National Association of Social Workers" journal)

### Oral Histories

To probe deeper into FSD"s emergence and the tensions between psychiatry and feminism, I will conduct oral histories (in New York, Washington DC, Boston, and London) with key DSM figures (Robert Spitzer, Melvin Shabsin, Carol Nadelson – the first woman President of APA in 1985, Judith Kuriansky, Richard Green, and Richard Friedman), and with Gloria Steinem (founding editor of *Ms* magazine, and campaigner on the 1981 ERA issue).

### **Part 2**

Tracing British psychiatric discourse, I will consult:

*British Journal of Psychiatry*  
*British Journal of Sexual Medicine*  
*British Medical Journal*  
*Lancet*  
*Bulletin of the Royal College of Psychiatrists* and *Psychiatric Bulletin* (at the Royal College of Psychiatry Library and Archive)

Women in Psychiatry Special Interest Group (WIPSIG) Archives at the Royal College of Psychiatrists

Oral Histories: key members of the Royal College of Psychiatrists"s WIPSIG (Fiona Subotsky, Jane Mounty, Rosalind Ramsey, Anne Cremona).

Surveying contemporary FSD discourse, I will search in the journals listed above, as well as:

*Archives of Sexual Behaviour*  
*Journal of Sex and Marital Therapy*  
*Journal of Sex Research*  
*Journal of Urology*  
*National Survey of Sexual Attitudes and Lifestyles*

I will use later editions of the DSM (DSM-IV 1994, DSM-IV-TR 2000), although APA archival material for these is not yet viewable.

For popular discussions, I will search in self-help and general audience texts (such as Berman & Berman 2001, Kalamis & Brennan 2007, [www.sda.uk.net](http://www.sda.uk.net) – the Sexual Dysfunction Association website – [www.drIauraberman.com](http://www.drIauraberman.com), and the packaging of sex toys by Vielle and Durex).

I will also search in:

UK:  
*Times*

*Guardian* (G2 Women's page)  
*Daily Mail* ("Femail" section)  
*Cosmopolitan*  
*Prima*  
*Psychologies*

US:

*Newsweek*  
*Time*  
*O (Oprah Magazine)*  
*Cosmopolitan*  
*People*  
*USA Today*

Here I will search in features, advice columns, and adverts (e.g. for sex toys which increasingly refer to sexual problems). These will also help identify further resources.

Oral Histories: John Bancroft (Director of Kinsey Institute 1995-2004), Germaine Greer; Rosie Parker and Rosie Boycott of *Spare Rib*, Lynne Segal, and Leonore Tiefer.

## RELEVANCE TO POLICY AND PRACTICE

Female sexual problems are gaining in media prominence, for example in the dissemination of the 43% statistic, and recent coverage of flibanserin, a compound being developed for low libido in pre-menopausal women (Sample 2009). Media accounts pit the pharmaceutical industry against critics of the "medicalisation" of sex, whose arguments cause often indignant commentary (e.g. Moynihan 2003).

My research directly addresses controversies salient in contemporary medicine, in particular the alleged "invention" of conditions by pharmaceutical interests, and the role played in this by the DSM (Horwitz 2007, Kutchins & Kirk 1997). It will draw out the historical factors that have shaped this polemical debate, and provide timely historical analysis of the DSM given the publication in 2012 of DSM-V.

The research will also provide historical contextualisation of policy initiatives such as the National Survey of Sexual Attitudes and Lifestyles (NATSAL), whose third instalment is due in 2013. NATSAL feeds into government policy, and makes use (e.g. in Mercer et al 2003) of statistical data (Laumann 2003) that have been heavily criticised in the FSD debate. My monograph will be a timely account given NATSAL's growing focus on problems of sexual function.

## TIMETABLE

### **Year 1:**

Months 1 + 2: APA archives (Part 1)

3: Library of Congress (US material for Part 2 on Contemporary FSD) + oral histories (Washington, New York, and Massachusetts)

4 + 5: Further library research in UK for Part 1

6 - 8: Drafting Part 1

9 + 10: Drafting two journal articles on the 1980s APA controversies (see Dissemination)

11 + 12: Organisation of workshop on "post-feminism" and the history of medicine

**Year 2:**

1-3: Research and oral histories for Part 2 (British psychiatry)

4 -6: Drafting Part 2 (British psychiatry)

7-9: Research Part 2 (Contemporary FSD), hosting Workshop on history of medicine and post-feminism (see Dissemination)

10-12: Drafting Part 2 (Contemporary FSD), liaison with Women's Library for exhibition

**Year 3:**

1: Drafting Part 2

2+3: Drafting historiographical article, emerging from workshop, for *Medical History*

4-5: Research and oral histories for Conclusion, contacting publishers regarding monograph

6+7: Drafting Conclusion, organising exhibition

8+9: Drafting *Independent* and *Prospect* pieces, opening exhibition, organising Woman's Hour item, setting up website with podcasts

10-12: Editing and completion of monograph



## **Research Summaries**

### **Non-specialist audience**

‘Female Sexual Dysfunction’ is an umbrella term for diagnoses relating to desire, arousal, orgasm, and pain, listed in the American Psychiatric Association’s Diagnostic and Statistical Manual (DSM). 43% of women, according to recent statistics, suffer from FSD, and pharmaceutical industry efforts to develop drugs for female sexual problems are attracting growing media attention.

The DSM first included ‘sexual dysfunctions’ in its third edition (1980), based largely on the sexological work of Masters and Johnson. I will explore the relationships between psychiatry, sexology and feminism since 1960 that have led to FSD’s

- emergence, asking
- How and why ‘sexual dysfunctions’ were incorporated into the DSM-III;
- What impact criticism of psychoanalysis and psychiatry, from the 1960s onwards, had on definitions of FSD;
- How the DSM’s definitions of FSD have featured in American and British psychiatric and popular discussions; and
- How FSD is understood in the contemporary period, particularly in popular texts.

I will write the first historical account of FSD’s emergence from 1960 to the present, challenging existing assessments of the roots of FSD and the history of the DSM, and providing important historical context for a condition attracting increased medical and media attention.

### **Specialist audience**

‘Female Sexual Dysfunction’ is an umbrella term for diagnoses relating to desire, arousal, orgasm, and pain, listed in the American Psychiatric Association’s Diagnostic and Statistical Manual. 43% of women, according to recent statistics, suffer from FSD, and pharmaceutical industry efforts to develop drugs for female sexual problems are attracting growing media attention.

Psychoanalysis dominated understandings of female sexuality until the 1960s, after which its influence in American psychiatry waned. The DSM first included ‘sexual dysfunctions’ in its third edition (1980), based largely on the sexological work of Masters and Johnson. I will explore the relationships between psychiatry, sexology and feminism since 1960 that have led to FSD’s emergence, asking

- How and why ‘sexual dysfunctions’ were incorporated into the DSM-III;
- What impact criticism of psychoanalysis and psychiatry, from the 1960s onwards, had on definitions of FSD;
- How the DSM’s definitions of FSD translated into American and British psychiatric and popular discussions; and
- How FSD is understood in the contemporary period, particularly in popular texts.

I will write the first historical account of FSD's psychiatric emergence from 1960 to the present, challenging prevalent assessments of FSD's roots and the development of the DSM.

## RESEARCH QUESTION

What are the shifting relationships between psychiatry, feminism and sexology since 1960 that have enabled the emergence of Female Sexual Dysfunction (FSD) as a medico-psychiatric category in the US and UK?

- 1) How and why were ‘sexual dysfunctions’ incorporated into the American Psychiatric Association’s third Diagnostic and Statistical Manual (1980)?
- 2) What impact did scientific and feminist critiques of psychoanalytic psychiatry have on FSD’s emergence?
- 3) How has the DSM’s FSD nomenclature translated into American and British psychiatric and popular discourse?
- 4) How is contemporary FSD understood? What is the relationship between medical and popular discourse on sexual problems?

## WHY IS IT IMPORTANT

According to recent statistics, FSD – an umbrella term for diagnoses relating to desire, arousal, orgasm, and pain – affects 43% of women in the US. This statistic has been widely disseminated, and several pharmaceutical compounds for female sexual problems (targeting hormones, blood flow, or the brain’s ‘desire centres’) are in development.

A renewed feminist critique of the medicalisation of sex has emerged in response, arguing that pharmaceutical companies reduce sexuality to biology, sidelining the social and contextual factors involved in sexual problems; and growing media coverage debates the ‘invention’ of conditions for profit and the wisdom of rushing to develop drugs.

My research will provide the first historical account of FSD’s emergence in post-war American psychiatry, detailing the relationships between psychiatry, feminism and sexology that have enabled these contemporary polemics to take hold. Challenging prevalent assessments, it will detail the impact of critiques of psychoanalytic psychiatry in this period; assess the DSM’s role in fostering an internationalised psychiatry, by examining FSD in British psychiatric and popular texts; and scrutinise popular FSD discourse, which is sidelined in existing critiques of FSD.

The monograph will be the first account of an under-historicised category in the period I cover, and will be of interest and importance to historians and sociologists of psychiatry, sexuality, and feminism. Moreover, in addressing controversies over the alleged pharmaceutical ‘invention’ of conditions and the role the DSM plays in this, it will be a timely historical perspective on the DSM, given the publication in 2012 of DSM-V.

## CAREER DEVELOPMENT

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A Fellowship would enable me to write a significant single-authored monograph, building on my existing expertise and based on the research I would undertake during the three years. The monograph would challenge widespread assessments of FSD, the DSM, and biological psychiatry, making my work an original and timely contribution to an under-historicised condition raising important historiographical issues, and to debates gaining increased media prominence. It will therefore be of interest to historians and sociologists of medicine, psychiatry, sexology, feminism, and contemporary health politics.

The Fellowship would enable me to raise my research profile by publishing articles during the course of the three years, and presenting my work at conferences in the UK and abroad. Hosting a workshop on the history of medicine and feminism would further consolidate relationships with scholars in the history of psychiatry and gender.

Sociological critiques of FSD emerge largely from the US, and there is little historical work on the topic during the period; the Fellowship would thus enable me to consolidate an expertise in the post-war history psychiatry, sexuality and feminism, increasing my chances of obtaining a permanent post in the field.

## DISSEMINATION

(250)

The main output disseminating my research will be a major, single-authored monograph. I will also write two articles on 1980s critiques of the APA, targeted at the *Bulletin of the History of Medicine* and *RP M11E 114Rr1115 IIIIE*. I will disseminate my findings at conferences in the UK and US (Social History of Medicine, American Association for the History of Medicine, Women's History Network). I will also produce a website, linked to Warwick University, featuring podcasts of the oral histories.

I will host an international workshop at Warwick on the history of medicine and 'post-feminism'. The history of medicine and second-wave feminism were tightly interwoven from the 1960s onwards. Yet what is the significance of second-wave feminism's fragmentation, and the emergence of a 'post-feminist' popular culture, for medicine - and therefore also for the history of medicine? Can contemporary medicine be understood itself as post-feminist? And what has been the relationship between recent scholarship and the fading of feminist concerns in public discourse? I would write a historiographical piece emerging from the workshop that I would target at *Medical History*. I will approach Prof. Nancy Tomes (History, SUNY), Prof. Elizabeth Lunbeck (History, Vanderbilt), Prof. Lisa Downing (Director, Centre for the Interdisciplinary Study of Sexuality and Gender in Europe, Exeter), Prof. Hilary Marland (History, Warwick), Prof. Mari Jo Buhle (History, Brown), Dr. Hera Cook (History, Birmingham), Dr Lesley Hall (Wellcome Library), and Dr Kathy Davis (History and Culture, Utrecht).

## PUBLIC ENGAGEMENT

(250)

I will build on my existing relationships with the *Independent* and *Prospect* magazine (where I have published articles) to write two short pieces on FSD in these publications. I will also approach the Women's Library in London regarding hosting a small exhibition there on sexual problems in women's magazines over the last ten years. In addition, I will build on my contacts with BBC Radio 4's Woman's Hour (who recently approached me about recent pharmaceutical developments for low libido in women) to develop an item for the programme that would tie in with the Women's Library exhibition. The website that I will produce, with podcasts of oral histories, will also be targeted at a general audience; I will build on the experience within the Centre for the History of Medicine in successfully attracting general audiences to its research through websites, as well as on my own experience writing for a general audience.

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## SUMMARY OF ACADEMIC CAREER TO DATE

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In 1998 I completed a BA in Philosophy at Cambridge University, receiving a First Class in each year, and coming top of my year twice. I was awarded the Philosophy Faculty's Kitty Crawley Prize twice, as well as the Trinity Hall Bateman Award for Tripos performance.

I was then awarded the Joseph Hodges Choate Fellowship to Harvard University for a year's study, after which I returned to Cambridge for an MPhil in the History and Philosophy of Science (HPS), in which I received a First Class Distinction. After a period working in London, I became Research Assistant in 2002 to Dr Michael Neve and Professor Edgar Jones (at the Wellcome Trust Centre for the History of Medicine at UCL and the Institute of Psychiatry at King's College London respectively), co-editing and contributing an article to a book on the Rockefeller Foundation and interwar psychiatry in Britain (Angel, Jones, & Neve 2003).

In 2002 I began my PhD at HPS in Cambridge, intermitting for six months to take up a Research Associate post in the Department, working with Dr Tim Lewens, on *Disease, Trust and Risk*, and co-authoring a report with him and Dr Stephen John. During my PhD I chaired the History of Science Workshop at HPS, and supervised 45 students in HPS in the history of psychiatry, psychopharmacology, bioethics and philosophy.

After my PhD (please see Additional Information regarding an interruption to the thesis on medical grounds), I began a Research Fellowship at the Centre for the History of Medicine at Warwick University. Here I have provided research assistance to Dr Mathew Thomson, Dr Sarah Hodges, and Dr Roberta Bivins. I coorganised, with Sarah Hodges, a workshop (Half Past: Writing Recent History), at which I presented a paper. I

have assisted Dr Claudia Stein in organising a Sexual Health Awareness Week, a series of events including outreach, awareness-raising, artistic activities, a conference, a witness seminar. During the week I introduced screenings of sex education from the 1930s to the 1970s to students. I also developed, together with Dr. Vickie Pasterski (Psychology, Warwick University) and Prof. Lucia O'Sullivan (Psychology, University of New Brunswick), a sexual health questionnaire for students that we are disseminating throughout Warwick University, and whose results we intend to write up for a medical journal. I am also a member of the Neuroscience and Society Network at Warwick, and sit on the History Research Committee.

In addition to the co-edited book mentioned above, I have published on FSD in an edited volume, and on clinical waste in a peer-reviewed journal. I have been invited to contribute a 2500-word article to the History and Philosophy section of *Current Opinion in Psychiatry* for November 2010 on the history of FSD as a 'mental disorder' in the 20<sup>th</sup> century. A short article on clinical waste is forthcoming on the website of Emerging Sustainability, a project funded by the Engineering and Physical Sciences Research Council, emerging from contacts with Dr Frances Griffiths in the Medical School at Warwick.

I have presented my research at seminars in Bristol, Cambridge, and Warwick. I have been invited to give papers in 2010 at the History and Philosophy of Science Departmental Seminar in Cambridge, at Queen Mary's Centre for the History of the Emotions, and in 2011 at the International Academy of Sex Research.

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What considerations led you to choose this department/institute and sponsor for your research? If you have already been based in this department/institute for a year or more, please specify your reasons for remaining (no more than 400 words) \*

#### CHOICE OF INSTITUTION

The History Department at the University of Warwick, containing within it the Centre for History of Medicine, is a particularly appropriate and exciting location for me to pursue my research. Staff expertise includes twentieth-century British history and post-war history of psychology (Mathew Thomson), women's and gender history (Hilary Marland, Maria Luddy, Sarah Hodges), popular resources (Mathew Thomson and Hilary Marland), sexual health (Sarah Hodges and Claudia Stein), and twentieth-century technology and medicine (Roberta Bivins).

Since 2008 I have been employed at the Centre, providing research assistance to several members of staff and assisting with Centre projects. I have found the Centre and the Department a very stimulating place, and my work with staff members has considerably developed my thinking around my own research projects. Pursuing my project here would allow me to build on these relationships, contributing to clusters of research on the history of post-war psychiatry, sexual health, and technology, and developing fruitful collaborations with staff members. In addition, the strong relationships that exist with Sociology and the Medical School, have enabled me to

develop fruitful relationships with Dr. Karen Throsby, Prof. Carol Wolkowitz and Prof. Bill Fulford. **189**

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