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Curriculum Vitae
Dr Sapire was born in Rhodesia (now Zimbabwe) and trained as a medical doctor at the University of Cape Town (1952). She is married and they have three children and six grandchildren. She worked in Rhodesia until 1976, where she was involved in family planning and as Medical Director of the Family Planning Association was responsible for the medical aspects, and training programmes for midwives, nurses and other health workers. In 1969 she was appointed lecturer in family planning in the Department of Obstetrics and Gynaecology at the University of Rhodesia. Since 1976 Esther has been senior lecturer in family planning at UCT, and head of the family planning and sex therapy clinics at Groote Schuur Hospital. She is responsible for the training of undergraduate and postgraduate students, and has conducted many family planning and sex education programmes for professionals and the general public in South Africa. Since 1990 she has been national president of the Planned Parenthood Association of South Africa. She is the author of “Contraception and Sexuality in Health and Disease” (McGraw-Hill) which has been approved as a reference book by the Family Planning Association, United Kingdom. She has been involved in research in contraceptive technology and sociological studies, and has published 53 papers in medical journals. She has also presented papers at many international conferences.

Summary
The Draw a Person (DAP) Test has proved to be a useful tool for the therapist in the assessment of patients who come for counselling for sexual dysfunction. It also gives information about change during therapy. And it has been a useful tool for patients who have difficulty in verbalising their problem. Three patient studies illustrate this.

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Be circumspect about interpreting their pictures
necessary for her to undergo more therapy regarding her self worth, and that sex therapy would be inappropriate at that time.

The third couple were referred by their general practitioner because “sex was a problem in their marriage”. The sexual history showed that neither was in fact sexually dysfunctional, but that sex尤为
proved helpful to illustrate patients’ body image – the anorectic woman who draws enormous bulges on thighs, abdomen, breasts and arms; the “not so beautiful” lady who draws a featureless face; and the woman who drew a really nice picture of herself, but with her hands behind her back – who explained that she was embarrassed because she bites her nails!

It is necessary to be circumspect about interpretation and allow patients to express their feelings about what they have drawn and how they see it. The partner’s comments may also be helpful.

In conclusion: I have found the DAP test useful in many ways, particularly when people have difficulty verbalising their problems. The DAP test is a useful adjunct to the psychosexual history and clinical observation in the assessment of sexual dysfunction, particularly where body image appears to be a problem.

Bibliography