

## Book Reviews

*Principles and Practice of Sex Therapy. Fourth Edition*, edited by Sandra R. Leiblum, The Guilford Press, New York, New York; 2007; ISBN 978-1-59385-349-5; \$65 (hardcover), 556 pp.

The field of sexology has undergone many new and exciting developments during the last two decades. New journals devoted to human sexuality (e.g., *Journal of Sexual Medicine*) have come out lately, as have many articles and books. However, it seems that next to a few journals, such as *Journal of Sex and Marital Therapy*, and *Archives of Sexual Behavior*, there has been one constant with us over the last almost three decades—the *Principles and Practice of Sex Therapy* (the first edition appeared in 1980). Any book that gets four editions, as this one, must be either covering information quite important to the field, or the field must have undergone significant developments, or the volume must be quite good and authored by the leaders in the field. It seems that this book fulfills almost all, if not all these criteria. It also comes out at a critical time at which rapid developments in the field of sexology are accompanied by worries of real or perceived medicalization of human sexuality, and a real or perceived diminished interest in human sexuality among psychiatrists. Hopefully, an authoritative, comprehensive and sophisticated volume can help alleviate some of our worries, answer many clinical questions and help us to attract novices into the field of sexology.

The book is divided into four parts, an Introduction, a part focusing on Female Sexual Disorders, a part dealing with Male Sexual Disorders, and a part reviewing some Special Issues. The editor of this book, Sandra Leiblum, gathered a group of well-respected experts in the field. The book has a couple of common features—chapter introductions/summaries and the use of case examples.

Part I—The Introduction is a standard mixture of parts outlining the critical issues in sex therapy and providing a brief overview of the upcoming chapters. The author emphasizes that the arguably most important goal of sex therapy is “helping our patients achieve a more satisfying relationship and quality of life using the most effective and least costly means rather than any predetermined set of objective sexual criteria” (p. 17).

The second part of the book dealing with female sexual disorders contains five chapters. Chapter 2, “Sexual desire/arousal disorders in women,” points out that absent or low sexual desire is the most common sexual complaint among women. The chapter also emphasizes the overlap/comorbidity of low

sexual desire and impairment of other phases of sexual response cycle, especially impaired arousal. Before covering the treatment approaches, the chapter also mentions the fact that not all women are particularly distressed about their sexual concerns. The treatment section reviews the psychological and biological factors and finishes with a comprehensive case example. Chapter 3, “Persistent genital arousal disorder—perplexing, distressing, and underrecognized,” deals with a condition of “unsolicited genital arousal that perseveres for hours or days despite the absence of sexual desire or sexual stimulation” (p. 54). This condition seems to be reminiscent of priapism in men (p. 60). Its diagnosis is considered provisional so far. The chapter ends again with an interesting case example illustrating this dysfunction and with suggestions for treatment, such as social support, pelvic massage and some medications (e.g., valproic acid). Chapter 4, “Orgasmic disorder in women,” puts women’s orgasm and its impairment into a historical and cultural context first, and then reviews orgasm and its impairment definitions, prevalence and etiological factors. The treatments recommended for orgasmic disorder in women include psychoanalytical and cognitive-behavioral approaches. There is no medication helpful in this dysfunction. The treatment efficacy data in female orgasmic disorder are limited at best. The last two chapters of this part, chapter 5, “Dyspareunia and vaginismus—so-called sexual pain,” and chapter 6, “Physical therapy management and treatment of sexual pain disorders,” provide a comprehensive review of the diagnostic and management issues of dyspareunia and vaginismus. The authors of chapter 5 skillfully argue that vaginismus and dyspareunia are not sexual problems and should be classified as pain disorders. They also point out the critical importance of the assessment of this entity and they advocate a multimodal approach to the management of this condition, including relaxation training and cognitive approaches. Chapter 6 expands on the management of sexual pain and promotes the use of physical therapy in the management of these conditions.

The third part of this volume reviewing male sexual disorders consists of four chapters. Chapter 7, “Sexual desire disorders in men,” is a very sensible, comprehensive and thoughtful review, starting with the important question of what really represents normal sexual desire for men. It further reviews the classification, epidemiology, clinical assessment, and etiology of low sexual desire in men. The subcategories of hypoactive sexual desire disorder (acquired vs. lifelong, situational vs. generalized) serve as a guidance for treatment decisions

(hormones vs. psychotherapy). Chapter 8, "Treatment of rapid ejaculation—Psychotherapy, pharmacotherapy, and combined therapy provides a standard summary of the treatment approaches to rapid or premature ejaculation. The author points out that the belief that the prevalence of premature ejaculation diminishes with age is not supported by current data and appears to affect a broader range of individuals than erectile dysfunction (p. 220). The important part of this chapter is the discussion of the impact of this dysfunction not only on the man but also on the couple. Chapter 9, "Treatment of delayed ejaculation," emphasizes the paucity of research and of treatment efficacy data in this least common male dysfunction. Sex therapy is not only the treatment of choice here, but probably the only presently available treatment. Chapter 10, "Erectile dysfunction—integration of medical and psychological approaches," deals with a dysfunction which has been receiving the most attention lately, thanks to the availability of the phosphodiesterase-5 inhibitors. These medications seem to be highly effective in erectile dysfunction of various etiologies, but as the author points out, they may be less effective or ineffective if significant relationship issues, partner sexual dysfunctions, medical conditions, desire deficits and other issues are not addressed. The author of this chapter strongly advocates for the integrated approach to male erectile disorder, using both psychopharmacology and psychotherapy.

The third part of this book focuses in seven chapters on special issues in sex therapy, such as sexuality and physical and/or mental illness; sexual dysfunction and childhood sexual abuse; sex therapy with sexual minorities (i.e., gays, lesbians and bisexual individuals); sexuality and culture (including issues such as sexuality and religion; sex therapy and racism, sexism and oppression); paraphilia-related disorders—the evaluation and treatment of nonparaphilic hypersexuality; gender dysphoria and transgender experiences and, finally, "new" sexual pharmacology. All these chapters are quite interesting, informative and clinically relevant.

This book is clearly one of the standard volumes in the field of sex therapy. It brings a wealth of up-to-date information and experience. It emphasizes the integration of all available treatment approaches to sexual disorders. It also has a few weak spots. As almost every treatment textbook in this and other fields (e.g., psychotherapy), it could be more concrete, instructive and didactic in recommending treatment approaches. The content of the book could be a bit more comprehensive and inclusive. Nothing against the inclusion of the relatively rare persistent genital arousal disorder, but why not include a chapter on paraphilias, or infidelity, or a chapter discussing individuals who avoid sex (is it a dysfunction or biological variation?). Nevertheless, this is a very useful book that should become part of the library of every sex therapist and trainee in this field. Even a busy clinically oriented psychiatrist with interest in human sexuality will find this book interesting. I have been annoyed and worried a bit lately by the gradual disappearance of attention to human sexuality from psychiatry. Let's hope books like this will help us spark some interest in

sex therapy and sexology, especially among the younger colleagues.

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***Half in Love with Death. Managing the Chronically Suicidal Patient***, by Joel Paris, Lawrence Erlbaum Associates, Publisher, Mahwah, New Jersey; 2007; ISBN 0-8058-5514-9; \$19.95 (hardcover), 224 pp.

Chronically suicidal patients are probably the most difficult and most emotionally taxing ones. I would say that with a few exceptions, most of my colleagues try to avoid them. As Joel Paris, the author of this small book points out, "our greatest fear is losing a patient to suicide" (p. x), because "we entered our profession to help people, not to see them die" (p. 178). Interestingly though, as Dr. Paris repeatedly points out, most chronically suicidal patients do not end their lives by suicide (p. xv). Part of the difficulties we have with managing chronically suicidal patients are several myths regarding chronic suicidality, and the fact that we are not properly trained to handle these patients. We usually do not have a good grip on handling their suicidality. Chronic suicidality is most frequently associated with borderline personality disorder, a notoriously difficult to treat condition.

Joel Paris, an experienced psychiatrist and well published psychiatrist, wrote an interesting, a bit iconoclastic (in a good sense!) and highly readable book to debunk some of the myths regarding chronic suicidality and to propose some guidance on how to manage it. It is important to emphasize that this book deals mostly with *chronic* suicidality in chronically suicidal personality disorder patients, as opposed to acute suicidality in major depressive disorder, schizophrenia and other Axis I disorders.

The book's title is taken from John Keats "Ode to a Nightingale." Its verse "I have been half in love with easeful Death" describes the state of mind of chronically suicidal patients, whose lives are so painful that they feel "half in love" with death (p. ix). The book consists of Preface, Introduction, ten chapters, Summary: Guidelines for therapists and a very good list of references.

In the Introduction, Paris suggests, among others, that giving up the idea of actively saving chronically suicidal patients actually liberates us to understand them and to work on their problems (p. xiii). Most of the time, we are paralyzed by fear of patient suicide and may be actually acting counterproductively (e.g., by hospitalizing the patient). He also lists four major points of his book as follows: 1. The inner world of the chronically suicidal patient is one of pain, emptiness, and hopelessness; suicidality is an attempt to cope with these states of mind; 2. Chronic suicidality is not usually accounted for by depression alone, but is associated with personality disorders;