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Reading About . . .

Sex Therapy

The first scientist to confront society with the central role of sex in human development was Freud. His method, the detailed and in depth analysis of the childhood experiences of a handful of upper class Viennese women, may be suspect by today's standard of scientific inquiry. It was, however, the first systematic attempt to study an area of human behaviour which was wrapped in mystery, prejudice and fear. His crucial and most controversial book, *Three Essays on the Sexual Theory*, was published in 1905 and branded at the time as an obscene book. A disclaimer from the publisher was attached to the English translation of this book which read: "The sale of this book is limited to Members of the Medical, Scholastic, Legal and Clerical professions". If read together with Freud's earlier book, *The Interpretation of Dreams* (1899), these two books give the distinct impression that Freud did discover the problem of sexual abuse.

Freud's patients, all of whom were presenting with what we now diagnose as a neurotic or borderline state, gave him a history of being subjected to sexual abuse as children. His immediate reaction was disbelief, and his immediate explanation was that his patients were lying to him. It was only when he started recalling his own childhood experiences during self-analysis and observed his own children, that he believed that these memories were true. He did not have the courage, or maybe the foolishness, to admit to that. He explained these experiences not as real traumatic events which his patients feared but as fantasies which they desired. One wonders what would have happened if Freud had confronted society with his real findings. His shocking discovery could have either alerted people to the serious problem of child sex abuse, and something could have been done to deal with it, or his work could have been brutally suppressed and never been published. Freud, perhaps wisely, did not want to take the gamble.

At about the same time, the British physician, Havelock Ellis started publishing his *Studies in the Psychology of Sex*, in seven volumes between 1896 and 1928. This remarkable series of books was described by their author as the first book in English to set forth the earliest results reached by Freud (Ellis, 1915). The first volume on *Sexual Inversion* was banned in England as an obscene publication. However, before Ellis died at the age of 80, in 1939, his work was widely accepted and respected. He coined many terms which we still widely use like 'narcissism' and 'auto-eroticism'. He believed that sex is an art and that there is no such thing as a 'frigid' woman, but there is a clumsy male partner.

A German Contemporary, Krafft-Ebing, studied sexual variations, coined the terms 'sadism' and 'masochism' and wrote the first scientific book on unusual sexual behaviour. His book *Psychopathia Sexualis*, first published in German in 1886, was written in a language which ensured that only doctors could read it. It is by far the most comprehensive collection of case studies of abnormal sexual behaviour ever published. Krafft-Ebing spent most of his life updating, expanding and adding to his book. He published its 12th edition just before he died in 1902. Even today, reading *Psychopathia Sexualis* is an intriguing experience.

However, the work of these early pioneers was never subjected to the rigors of scientific testing until Kinsey started his research into sexual behaviour of men and women. As a zoologist who collected, measured and classified the largest ever sample of gall-wasp, two to four million of them, he was shocked to discover that there were no statistical studies of sexual behaviour and response in people, when there was so much known about one species of wasps. He gave up his gall-wasp collection and devoted the rest of his life to collecting and analysing statistical information about the sexual behaviour of over ten thousand ordinary men and women. Eleven years of dedicated and painstaking work, with an excellent team of equally dedicated assistants like Martin, Pomeroy and Gebbard, resulted in two landmark publications. The first report, *Sexual Behaviour in the Human Male* was published in 1948, followed five years later by the second report, *Sexual Behaviour in the Human Female* (1953). Although the two books were published as scientific 'reports', they were both best-sellers for many years. The reports caused an uproar, they shocked and startled many people, including professionals, and were attacked by many

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scholars, but they also cleared many myths, broke many taboos, and dispelled many fantasies about sexuality. Although non-biased criticism of the reports pointed out some problems in the sampling methods for the studied population, it is remarkable that repeated attempts to replicate the study using more scientifically sound sampling, like the recent study by Wyatt *et al* (1988), came up with almost identical findings and very close figures (Guirguis, 1988*a*).

The publication of these two reports, the popularity they enjoyed, and the healthy debate they stimulated, paved the way for the later publication of Masters & Johnson's (1970) work and set the scene for further acceptance of sex therapy as a science.

The new sex therapy

Sex therapy as practised now is often dated back to 1970, the year Masters & Johnson published their landmark book, *Human Sexual Inadequacy*. However, the book draws on many isolated efforts by ingenious and inventive clinicians. The whole essence of Masters & Johnson's approach to sex therapy is best summarised by an 18th century account by the British physician Sir John Hunter in 1786. He treated erectile failure by advising the man to abstain from intercourse for six nights and to overcome the fear of failure by trying to lose his erections (cited in Hunter & McAlpine, 1963). Von Schrenck-Notzig (1895), considered sexual problems as "faulty habits" which could be corrected by "suggestion" and "education", using prostitutes as experts on sexuality. At almost the same time, Moll & Charcot (cited by Bancroft, 1974) advocated direct behavioural interventions to deal with sexual problems.

More recently, Wolpe (1958) described the role of performance anxiety in sexual problems and used *in vivo* systematic desensitisation to reduce it. Schultz (1951) advocated the use of progressive relaxation as a practical step-by-step approach to treat sexual dysfunctions. Even the more specific techniques like the 'stop-start' for controlling premature ejaculation was described by Semans in 1956 and the use of graded vaginal dilators for the treatment of vaginismus was described by Walthard in 1909. Self-stimulation techniques for unresponsive women were first described by Hastings in 1967. The therapeutic value of banning intercourse and the effect it has on easing pressures were recognised by Frank in 1948, more than twenty years before Masters & Johnson published their work. Involving the partner in therapy was suggested by Gutheil in 1959 and using a co-therapy team was advocated by Reding & Ennis in 1964.

The contribution of Masters & Johnson to sex therapy should not, however, be underestimated (Guirguis, 1991). Their work stands out as a landmark because it puts these fragments of clinical experiences and isolated therapeutic measures into a comprehensive programme of treatment. It is based on an extensive physiological study of human sexual response and a relatively large sample of 510 couples treated over a period of ten years between 1959 and 1969. Although criticism was levelled at their research methods, notably by Zilbergeld & Evans (1980), Masters & Johnson published the first serious outcome and long-term follow-up study in the literature. The problem with the two major publications of Masters & Johnson – *Human Sexual Response* (1966) and *Human Sexual Inadequacy* (1970) – is that they are unreadable. The most dedicated reader will give up after a few pages, as they never used a simple word where a complicated one would do (Trimmer, 1989). That is why other people had to write books to explain what these two books were trying to say, an almost English to English translation. Most people knew about Masters & Johnson's work from reading a small paperback (Belliveau & Richter, 1971).

The post-Masters & Johnson era

In spite of the huge impact Masters & Johnson's work had on sex therapy, it became clear that sex therapy as practised by them was not practical for those working in a different clinical setting. The following two decades witnessed a number of modifications of the original version. For a detailed account of these modifications read Guirguis (1991). Arentewicz & Schmidt spent seven years between 1972 and 1979 designing and evaluating an economic form of therapy which is accessible to all social classes on an out-patient basis (Arentewicz & Schmidt, 1983).

Their main conclusion was that sex therapy is most effective when it is integrated into a total programme of psychotherapy for neurotic conflicts in the individuals and for the problem in the relationship, and not restricted to the sexual dysfunction. The most significant single contribution to this era is no doubt that of Helen Kaplan. She made the first attempt to integrate behavioural techniques with psychodynamic psychotherapy. She divided the causes of sexual problems into superficial and deep causes and proposed a treatment approach which moves freely between these two seemingly opposed approaches, psychodynamic and behavioural therapy, according to the level at which the therapy meets resistance. Her first book *The New Sex Therapy* (1974) is the most widely quoted book in sex therapy after Masters & Johnson's. Her second

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book (1979) dealt with the disorders of sexual desire, an area largely ignored by Masters & Johnson. Her book on assessment (1983) is a remarkable example of an integrated model of assessment which incorporates the physical and psychological factors and takes account of both the superficial and deep psychological factors. Her book on sexual phobia (1987) is an important book but it does not enjoy the same publicity as her other books, because "sexual phobia" as a diagnostic entity is not yet widely accepted (Guirguis, 1984). Her latest book on premature ejaculation (Kaplan, 1989) is a small but very practical book. Although it is written for professionals it could also be used as a self-help book by patients.

Another major development is the appreciation of the cognitive aspect of sexual problems, and incorporating cognitive restructuring techniques into sex therapy. These include challenging dogma, clearing myths, correcting false knowledge, changing concepts, and modifying attitudes and expectations (Guirguis, 1988*a,b,* 1991). Albert Ellis, alleged to be the son of Havelock Ellis, is well known for his rational emotive therapy. His contribution to liberated thinking about sexuality and his emphasis on the cognitive aspect of sex therapy is not fully appreciated. A list of 27 of his works in this area appear at the end of one of his recent papers (Ellis, 1990).

The last decade

The last ten years have witnessed an explosion in sex therapy clinics and sex therapy literature. Readers are now spoilt for choice. When John Bancroft wrote the second edition of his book, *Human Sexuality and its Problems* (1989) he had to re-write the first edition and double it in size to reflect the rapid progress in the six-year gap between the two editions. Single author books have the advantage of being coherent and concise. For the theoretical and research background of sex therapy, Bancroft's book (1989) cannot be rivalled. For the practice of sex therapy Kaplan's books (1974, 1979) from the USA, and Keith Hawton's practical guide (1985) from Oxford, are the best. For sex therapy in groups Gillan's manual (1987) gives a clear practical account. Many edited, multi-author books, are also available. They have the advantage of a multidisciplinary approach and collecting the views of experts in their respective fields. They lack the unity and coherence, and unless very well edited, may have areas of overlap, repetition, and even contradictory views. The BMJ collected a series of articles which were published in 1981 in a small but useful book (British Medical Journal, 1982). Another collection of articles is Crown & d'Ardenne's *Symposium on Sexual Dysfunctions* (1982). The successful and popular series of edited books *Psychotherapy in Britain*, includes chapters on Sex Therapy in some volumes (Hooper & Dryden, 1991). A whole volume in this series is devoted to sex therapy in Britain (Cole & Dryden, 1988). For the psychodynamic approach to sex therapy and therapy with special groups, Crown's edited book (1976) is still valuable fifteen years on.

From the US come two important edited books: *Handbook of Sex Therapy* (Lo Piccolo & Lo Piccolo, 1978) and *Principles and Practice of Sex Therapy* (Leiblum & Pervin, 1980), in spite of their relatively old dates of publication. Sex therapy in Europe is almost unknown to the English-speaking therapist, as very few books on the subject are translated. Tom Todd translated from German an edited book by Arentewicz & Schmidt (1983), which describes their own integrated model of therapy. Two recent books from Britain describe a similar integrated model (Crowe & Ridley, 1990; Hooper & Dryden, 1991).

Specialised journals are also growing fast. The first ever scientific journal of sexual pathology was published by Magnus Hirschfeld in 1899. Most of the current journals are published in the US. The best and most established is *The Journal of Sex Research*, published since 1965 by the Society for the Scientific Study of Sex, four times a year. Equally good, more academic but less practical is the *Archives of Sexual Behaviour*, published since 1971 by Plenum Press for the International Academy of Sex Research, six times a year. Helen Kaplan edits her own journal, which is very much influenced by her own model. *The Journal of Sex & Marital Therapy*, is published quarterly by Brunner/Mazel, New York. The most recent and most promising addition is the *Journal of Psychology & Human Sexuality,* published twice a year by the Haworth Press. It emphasises the psychological perspective of sex therapy and research. From Britain, the only journal still in publication is *Sexual and Marital Therapy*, published since 1985 by Carfax for the Association of Sexual and Marital Therapists. The journal is now published three times a year and presents leading articles, reviews, original research, critical reviews of literature and of books on sexual and marital therapy. Another British publication, *The British Journal of Sexual Medicine*, is sadly missed by many readers since its publication was suspended temporarily in 1990 after 17 years of publication. Recent back issues are still full of very useful and practical review articles.

Conclusion

After many years of suppression there is now a rebound explosion of books and journals on sex

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therapy. The problem facing readers on sex therapy is not so much what to read but what is worth reading. I am often asked by colleagues how to start a small, limited budget library of books and journals on sex therapy. My advice is to acquire one text book, Bancroft (1989) and four of Kaplan's books: two on therapy (1974, 1979), one on assessment (1983), and most important is her illustrated manual (1976). For practical reading, more relevant to practice in Britain, read Hawton's Guide (1985) and Gillan's Manual (1987). Two or three of the following multi-author books are also worth keeping: British Medical Journal (1982), Leiblum & Pervin (1980), Cole & Dryden (1988), Arentewicz & Schmidt (1983) and Hooper & Dryden (1991).

If you still have some money left, subscribe to *Sexual and Marital Therapy*, and read its Literature Update section for the latest significant papers and its Book Review section for the latest books.

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