BOOKS

HUMAN SEXUAL INADEQUACY. By W. H. Masters and V. E. Johnson. Little, Brown, Boston. 487 pp. 1970.

An earlier volume, *Human Sexual Response,* companion to the one being reviewed, brought together the authors' research on the biophysical aspects of sexuality. The present one describes programs for treatment of problems in enjoyment of the adult heterosexual relationship.

Their approach is easily outlined:

1. The treatment is for the marital pair, no matter which of them is manifesting difficulty. In the authors' view the problem exists in the context of sexual interaction; therefore treatment requires the coordinated efforts of both.

2. The treatment team consists of a male and female therapist.

3. Diagnosis is by physical examination and thorough interviewing, husband by male therapist, wife by female therapist, and then each by the cross-sex therapist. A round-table meeting of all four brings together the findings and charts a plan for treatment.

4. The therapeutic process is unhurried using repeated doses of encouragement and it depends on authoritative, carefully explained, gradual steps toward mutual sexual responsiveness. The couple returns to their room for recommended trials of progress and the next day they discuss their experiences in detail with both therapists.

5. While there are specific approaches for each problem the treatment depends in all cases on a program of desensitization of fears about sex in a therapeutic milieu of rapport, authority of the therapists, continual encouragement, and frequently expressed confidence that potential for sexual enjoyment exists in the marriage and can be released.

The theoretical basis for the therapeutic technique is psychodynamic with reservation. The reservation is that the psychodynamic propositions stay clear of depth psychology. The authors' psychodynamic theory involves the interplay of conscious thoughts and feelings known by the subjects, though they may be reluctant to talk about them until they encounter such encouraging and permissive therapists. The targeted emotion in this theory of inhibited sexuality is almost entirely fear, sometimes panic, about genital sexual behavior implanted by an experience in childhood training or by later genital-sexual misfortune. Occasionally the misfortunes in adult sexual experience are iatrogenic or they have been reinforced by physician's ignorance and prejudice. Examples of these are early religious training with frightening impact, or a man with ejaculatory incompetence who came upon his wife with a lover and saw the ejaculate of the lover streaming from his wife's vagina, or a physician who contributed to the same symptom in another man by telling a young couple that their nightly intercourse was too frequent.

The second theoretical underpining for this technique is cognitive. D. H. Lawrence's "dirty little secret" was so clouded in misunderstanding that a thorough reeducation was needed before participation by their couples could be unhindered. The nature of female orgasm, as explored through the authors' studies, is an example of previous ignorance, and the attitude that orgasm has been a male prerogative is an example of a medieval concept extant in our time. Not long ago a prominent urologist said at a professional meeting that he advised couples to abstain from intercourse their first night as the bride "would not want it yet."

The third theoretical base comes from the discoveries of the authors' research on the sexual response. For example their observations on clitoral function during female arousal and orgasm, on the innervation and anatomy of the clitoris, on its heightened sensitivity for most women, and on vaginal function too, lead to therapeutic recommendations for orgasmic

dysfunction. It is best in the remedy of this trouble that the male's efforts at stimulating avoid direct contact with the clitoris as it is too sensitive and that the stimulation move quickly from vaginal areas around the clitoris to the mons, to the breasts, and so on in an ever-varying cycle.

Almost anyone can learn from this book. You can learn professionally. For example, the definitions are superb in clarity, precision, and thoroughness. The whole terminology in the field of sex behavior and sex problems should be changed by these volumes. A second professional benefit is in the cataloguing of etiologies for symptoms in human sexual life. I shall keep my copy close at hand to check out the possibilities of organic causes for the disturbances of sexual response in my patients.

Second, the book is a treatise on an important aspect of human behavior and as such it partially satisfies our curiosities about ourselves as human beings.

Finally, almost anyone can learn something of personal benefit for his or her marriage or family, or something for his or her own enjoyment of lovemaking. That is why the authorized popular version of this book will gain and deserve best-seller status.

But what can we say of the book for its understanding of heterosexual behavior, of problems in heterosexual expression, and as a therapeutic technique?

Except for the findings on the biophysical aspects of sexual response, which were published in professional journals and then in the first of the companion volumes, there is very little added to our comprehension of heterosexual genital sexual responsiveness or problems in sexual gratification. In fact, there is so much left out of what we already understand that the book could be misleading. The psychodynamic understanding relies heavily upon single-episode traumatic experience as a cause of sexual problems. Prostitutes and experiences with them come in for a heavy share of the blame, a bit ironically, since legend has it that prostitutes were of great help to the investigators in their early studies. Young men are supposed to have been panicked by their youthful encounters with these professionals. Psychoanalytic studies do not support single-trauma concepts but instead more complex cumulative feedback systems to account for traumatic effects. Psychic trauma is more likely to occur in the following way: A parent becomes anxious during a particular stage of a child's development. The child unconsciously perceiving the anxiety reacts with his own feelings and behavior. The parent's unconscious sensitivity to this phase of his child's development makes him want to curtail the child's discharge of age-appropriate impulses increasing pent-up feelings in the child which are then repressed making a less flexible integration and an increase of unconscious conflict and defensiveness. Through the recurrence of such sequences the traumatic effects and consequent defensiveness accumulate.

The authors' theorizing leaves out concepts of infantile and childhood sexuality and ignores stages of psychosexual development, as though genital sexual capacities emerge like Adam and Eve — full-grown and without a process of evolution in the individual. There is no attention to aggressive drives or drive derivatives in sexual behavior and as partial causes of sexual inadequacy when aggressive feelings are participating in emotional conflicts and defenses against them. There is no understanding of anxiety as an interference or even as a motivator in sexual behavior since the authors' concentration is so much upon fear, the conscious counterpart of anxiety. But we have learned that fears such as those described in the book is the exposed tip of an iceberg. Other effects except for conscious guilt (over an extramarital affair for example) or conscious shame over difficulties in performance are also neglected. (Almost half of the therapeutic effort is aimed at reducing shame regarding sexual failure as an impediment to therapeutic success.) There is no appreciation of the mobility and displaceability of sexual impulses, nor of the effects of psychosexual regression on genital sexuality. On the other hand, no attention is paid to the total personality or the configuration of the whole marital interaction system with respect to the styles and problems of sex relations. From case descriptions a reader may imagine what some of the subjects are like at work or with their children or in their hobbies and

athletic activities but the authors are not interested in these interrelations and so they are not explicit about them or how personality styles affect sexual behavior. How would Captain Bligh get along with Elizabeth Browning and would they have premature ejaculation or orgasmic dysfunction?

The authors deal only with the human *hetero*sexual response, touching not at all upon homosexuality except as a cause of secondary impotence, a concept that gets the cart mixed up with the horse or worse, since it is doubtful that one causes the other; rather both are symptoms of arrests in psychosexual development. It is possible that these narrowed, superficial, and constrained theories of sexual behavior are essential for their therapeutic approach which is dependent on faith in authority and increasing thresholds of repressed affect in the personality system.

Their method is highly intuitive. Somehow they know that a premature ejaculator needs a "Tea and Sympathy" approach, a feminine gentleness and motherly firmness that will tranquilize ejaculatory demand and peacefully lead the youthful, fitful ardor through white gates and into sunny, warm meadows. Second, it is supportive of repression. It does not open up a neurosis as psychoanalytic therapies would like to do. It assists in increasing the repression of conflict and closing off avenues to self-awareness. The repressive tendencies of the book and theories in it are not likely to affect a reader who may learn something or face something about himself from reading it, but in the authoritative, reassuring atmosphere of the therapeutic milieu the repressive effect seems essential. For example in the oft-cited case of the cuckold who saw his wife's lover dismount and then observed semen spilling out of his wife's vagina the concept of etiology is centered upon fear of entering a vagina so polluted. By their concentration on the fear induced by that experience the therapists in collusion with their patient increased repression of rage at the wife and her lover and further increased repression of all the conflicts and anxieties arising from such feeling. A psychoanalyst, or any skeptical, total-personality man will ask himself at what cost — what cost in terms of control and channeling of aggression towards other males at work, at play, and in social relations?

Finally, the therapy depends upon authority, perhaps the most significant word in the book. It is an encouraging, kindly, permissive authority repeatedly leading the couples towards being comfortable about sexual pleasure. Authority granted to the therapist is an interesting transference phenomenon from the viewpoint of psychoanalysis but the trick in using it as a conscious technique in other therapeutic situations is in knowing and selecting the subjects who will accept it. Hypertensive vascular disease is curable if you know in advance who will accept your authority. Dr. Kempner proved this with a diet of rice and pineapple to lower blood pressure. Apparently the authors know who will accept their authority since their statistics on treatment success and on follow-up are impressive.

This book is scientific, sincere, and tedious to read. It is a curiously gentle, moral book and it may be a monumental cultural phenomenon, while its authors come to represent a new parental image of understanding and encouragement of warmth and openness between the sexes. If so, Masters and Johnson have reached beyond their definitely scientific intentions toward cultural and social goals. Would geneticists consider that an increase in the frequency of sexual enjoyment in marriage and an expectation that heterosexual interaction is gratifying in our culture could lead to decreases in average family size and acceptance of population control in our society? And what does it mean that a therapeutic movement of this sort appears to be gaining strength in our times?

JAMES L. TITCHENER
Department of Psychiatry, Cincinnati General Hospital, Cincinnati, Ohio 45229

DOWN'S SYNDROME. Mongolism and Its Management. By Clemens E. Benda. Grune and Stratton, New York. 279 pp. 1969.

Over a century has passed since Langdon Down (1866) in London described a condition, which he named mongolian