

Book Reviews

A TROUBLE SHARED . . .

Human Sexual Inadequacy

By William H. Masters and Virginia E. Johnson. Pp. x + 467. (Little, Brown: Boston, Massachusetts; Churchill: London, April 1970.) 105s.

THIS book, which is the second to be produced by the Reproductive Biology Research Foundation at St Louis, describes the form of therapy which Masters and Johnson have developed concurrently with their researches into the physiology of sex. It is, in fact, the clinical companion volume to their famous *Human Sexual Response* (1966).

The authors claim an overall success rate of 80 per cent in the treatment of sexual dysfunctions, a figure which the blurb describes as "unprecedented", and it must therefore be noted at the outset that close scrutiny of their statistics reveals a less satisfactory and more complex state of affairs than this isolated statistic would seem to imply, and furthermore that their method of selecting patients is calculated to ensure a high recovery rate.

Masters and Johnson recognize six basic forms of sexual inadequacy, four (primary and secondary impotence, premature ejaculation and ejaculatory incompetence) occurring among men, and two (primary and secondary orgasmic dysfunction) occurring among women—plus two anomalous conditions, vaginismus, which is apparently readily convertible into primary orgasmic dysfunction, and dyspareunia, which is caused by organic disease and falls outside the scope of their therapy. Not surprisingly, their success rate varies widely from one condition to another, being as low as 60 per cent for primary impotence and as high as 98 per cent for premature ejaculation. The figure of 80 per cent is, in fact, an average, and the data suggest that their treatment procedures may be highly suitable for some forms of sexual inadequacy, notably premature ejaculation in men and failure to achieve orgasm in otherwise responsive women, but of less value in others, notably impotence in men.

The other reason for being less than enthusiastic about the Masters-Johnson technique of treatment is that the foundation's methods of selecting patients ensure that it is only applied to heterosexual patients who are highly motivated towards recovery and who have in any case a good prognosis. With a few exceptions, patients are only accepted and treated as couples, which must mean that both parties to the marriage are keen to achieve success—a basic principle of treatment is that the "marital unit" is the patient, not one or other spouse regarded as a separate entity—and referrals are screened to exclude couples, one of whom is mentally ill, and to confine treatment to couples who are deeply committed to the continuation of their marriage. Couples, of whom one member refuses to allow essential information about pre-marital experiences or marital infidelities to be divulged to the other, have their treatment terminated abruptly and are not included in the statistics. Furthermore, because therapy is residential, all "marital units" treated must possess the time, money and enthusiasm required to abandon all domestic and professional commitments for a fortnight in order to devote themselves wholeheartedly to a full-time pursuit of sexual fulfilment. I find it impossible not to surmise that

a fortnight spent in a scientific temple of Venus must exert a positive, suggestive effect—or to think that the foundation's statistics should be controlled by comparison with the incidence of spontaneous recoveries occurring during holidays spent in romantic places.

In view of the way in which Masters and Johnson select their patients it is hardly surprising that they attribute most sexual inadequacy and dysfunction to comparatively straightforward causes: self-consciousness, whether related to bad conscience or recollections of previous failures, ignorance of sexual physiology, puritanical religious upbringing, and upsetting, nauseating or humiliating sexual encounters in adolescence. Their therapeutic technique can, indeed, be interpreted as a masterly attack on such inhibiting factors. Exhaustive, searching histories of each spouse are taken individually by a therapist of the same sex, and then discussed freely in the presence of the other spouse and his or her therapist, in such a way that neither party can conceivably retain any secrets from the other, while the carefully graduated sexual exercises prescribed to the couples ensure that each party acquires the most intimate familiarity with the other's anatomy, physiology, sexual sensibilities and masturbation techniques, each partner learning how literally to give a helping hand to the other in the pursuit of orgasm.

Masters and Johnson write in a pseudo-scientific jargon of extraordinary opacity. This is, one surmises, partly because of their eagerness to preserve the scientific virginity of a work with unavoidable pornographic implications, but, more importantly, it seems to stem from a logical contradiction in their attitude towards sexual matters. On the one hand, they are fully aware that they are dealing with an area of human experience in which spontaneity, sincerity and personal integrity comprise the heart of the matter and that sexual disharmony is often merely one manifestation of incompatibilities and discord arising from non-sexual sources, while, on the other hand, as scientists and therapists they are committed to the view that sexual disorders are psychophysiological symptoms amenable to educative and technical manipulation. As a result it is impossible to assess to what extent their successes result from their correct clinical application of basic physiological principles or to their possessing a remarkable talent for reassurance—for soothing down anxious, demoralized couples, for persuading them that erotic failures are not necessarily humiliating disasters, that troubles shared are troubles spared, and that orgasm is an experience which comes naturally when approached in a calm and relaxed spirit but eludes those who strain anxiously after it. One suspects, too, that they carry their patients along by their optimism and therapeutic fervour. "It is to be hoped that human sexual inadequacy, both the entity and this book, will be rendered obsolete in the next decade," they write in their preface.

CHARLES RYCROFT

BODY AND MIND

Philosophy and Medicine

By E. K. Ledermann. Pp. xix + 180. (Tavistock: London, March 1970. Distributed in the USA and Canada by Lippincott: Philadelphia and Montreal.) 58s.

DR LEDERMANN believes that every doctor approaches his patient on the basis of a philosophy. He believes there are two: a deterministic framework of mechanistic materialism, which is of course familiar to all scientists, and holism. "The alternative view does not analyse and isolate phenomena, but starts from the whole person. Using Smuts's term, it can be called 'holistic', concerned with wholeness. The assumption is that health depends on the obedience to 'natural' laws, to certain ways of using body and mind, and that a deviation from the