Introduction

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When The Guilford Press approached us to edit a new edition of *Principles and Practice of Sex Therapy* (PPST) only 6 years after the publication of the fifth edition, our first reaction was "no way." We did not think there was enough new material, and we did not want to rehash old stuff even if the book would sell. The first five editions of PPST had had an average publication gap of 9 years between them and, in our view, this seemed to be about the right interval given the rate of progress in the field of sex therapy. Despite our protestations, Jim Nageotte, Guilford's wonderful Senior Editor, kindly told us to take a deep breath, consider carefully what was new, and sleep on it.

We put the previous editions of PPST under our pillows for a few nights and thought about Guilford's proposal. After a few sleepless nights, we realized that our reaction "it's too soon for another edition" was too hasty. We remembered that there had been several topics we had wanted to include in PPST 5 but could not, either because there were no available authors or there was not sufficient space. We also realized that the publication of DSM-5, and the impending publication of recently approved ICD-11, had stimulated much theoretical controversy and a surprising amount of new empirical work on diagnosis and assessment. There were also quite a few new clinical trials and many recent studies on prevalence and etiology. Sex therapy and research were spreading across the globe and across therapeutic disciplines. Overall, we were embarrassed that we had not registered the progress.

We somewhat sheepishly called Jim back and said that not only were we prepared to do a new edition but that we needed more space. He kindly declined our request for a longer book, reminding us about the economics of book publishing and sales, but enthusiastically encouraged us to proceed with new ideas and chapters. We scaled down our plans for a longer book, but the current volume has seven totally new chapters (female sexual arousal, sexual aversion, out-of-control sexual behavior, BDSM, cancer, spinal cord injury, and pregnancy, postpartum and parenthood); the chapter on gender dysphoria has been divided into two, one about adults and the other about children and adolescents, in order to provide adequate coverage of an expanding and controversial field. There was so much new material that even in the traditional chapters on sexual dysfunction, we have had to spend much of our editing time helping authors keep to Guilford's page limits.

Not only are there new topics, but there are also plenty of new, first authors in this edition. These new authors include both seasoned and rising scholars, clinicians, and researchers, and are too numerous to name. But a quick perusal of the table of contents reveals a veritable Who's Who of the sex therapy field. These first-time contributors enhance our previous all-star lineup and bring new expertise to PPST. While we believe it is important to revitalize each edition with "new blood," we also believe it is important to maintain our tradition of excellence. As a result, there are a significant number of returning contributors. There has also been a significant shift in the proportion of women first authors in PPST, which has risen from 30% in the first edition to almost 60% in the current volume. We believe this shift accurately reflects the changing gender demographics of our field.

This edition also reflects the growing international expertise and knowledge in our field. All the primary authors in the first edition of PPST were based in the United States; most of the primary authors of this edition live elsewhere. It has become apparent in the last 25 years that much of the innovation in sex therapy is occurring in Canada and Western Europe. This shift is likely the result of sociopolitical changes that have discouraged the continuation of sex research and clinics in the United States and have encouraged it elsewhere. Overall, this globalization of sex therapy seems to us a positive trend, and it is likely that future editions of PPST will include contributors from Eastern Europe, South America, Asia, and Africa.

The central guiding philosophy for all editions of PPST has been the unified presentation of research and clinical practice. This clinical science approach is continued in the current edition and reflects the orientation of both editors, though Kathryn spends most of her time doing clinical work, while Yitzchak is primarily a researcher. Whether our authors are primarily researchers or clinicians, we have insisted that they critically review and synthesize the available research and theory; we also have insisted that they provide practical advice about assessment and diagnosis, including an evaluation of the first years of the new DSM-5 criteria, as well as a discussion of the recently approved ICD-11 classification. We also asked returning authors to update their previous

research reviews and provide new clinical vignettes and cases that appropriately illustrated challenges and changes in intervention strategies in their field.

It was not always easy for us to find individuals willing to write a chapter integrating research and clinical practice, since the academic and clinical worlds seem to be diverging rather than coming together. In some instances, authors asked if they could include a coauthor clinician or researcher because they did not feel sufficiently competent in both domains. We were happy to agree to this, because it ensures that chapters present an integrated and balanced view of research and clinical work. We directed authors to write their chapters with a mental health audience in mind, though we believe the book will be appropriate for any health professional wishing to learn about sex therapy and any researcher looking for clinical relevance.

Organization of PPST 6

Chapters in Part I, *Sex Therapy for Sexual Dysfunction,* include critical reviews of the research and clinical innovation related to the "traditional" sexual dysfunctions listed in the DSM. In this edition, there are chapters covering the seven sexual dysfunctions now listed in DSM-5 (excluding the nonspecific diagnoses of substance/medication-induced sexual dysfunction, other specified sexual dysfunction, and unspecified sexual dysfunction) and the three dysfunctions (female sexual arousal disorder, sexual aversion disorder, and vaginismus) that were included in DSM-IV but have now been deleted. The ten chapters in this section cover the core material in the field.

Most of the topics in these chapters have been covered in every edition of PPST. Reviewing the parallel chapters in each edition chronologically provides an interesting overview of the evolution of thinking about each sexual dysfunction in the last 40 years. For some problems such as anorgasmia in women, there has been continuing progress, but the basic treatment of directed masturbation was already well established by the time of publication of the first edition of PPST in 1980. For other problems such as dyspareunia, there are few similarities in theory, assessment, or treatment between the approaches outlined in the first and sixth editions. The current edition also reflects the continuing and important contribution of sexual medicine to the understanding and treatment of sexual dysfunction; as a result, information relevant to medical assessments and treatments is always included. There is no longer much opposition among sex therapists to the use of medical treatments and, in fact, many believe that for dysfunctions such as erectile dysfunction and premature ejaculation, combined psychological and medical treatment is superior to either alone.

The first two chapters deal with one of the most controversial issues in the field of sexual dysfunction, the relationship between problems of desire and arousal in women. Since the field is split, we have embraced the controversy rather than taking sides and include chapters with opposing views on the nature and relationship of women's desire and arousal. Chapter 1, by

Brotto and Velten, make the argument for not only grouping problems of desire and arousal into one dysfunction, but also for embracing a new understanding of female sexual responding. Called female sexual interest arousal disorder, it represents a departure from the tradition of equating female and male sexual responses and corresponding dysfunctions. The next chapter, by Meston, Stanton, and Althof, takes the opposite view that problems of desire and arousal are distinct and separable; in fact, they elaborate two distinct subtypes (cognitive and genital) of female sexual arousal disorder. In Chapter 3, Nobre, Carvalho, and Mark point out that the controversy that has characterized the discourse on women has unfortunately been largely absent in the discussion of male desire and arousal. They argue convincingly that the presumed differences between male and female desire may be overstated, and that recent research is beginning to point out many parallels. Despite these parallels, there is little, if any, suggestion that problems of male sexual arousal (erectile dysfunction [ED]) should be collapsed with those of male desire. The vast and still growing literature on ED (Chapter 4) is reviewed by Kalogeropoulos and Larouche, updating the reader on recent developments from both psychosocial and medical points of view.

The next three chapters in Part I address problems related to orgasm, including anorgasmia in women and premature and delayed ejaculation in men. There are well-established cognitive-behavioral treatments for these problems and a long history of interest among sex therapists. In fact, it can be argued that the early successes of sex therapy in treating lifelong anorgasmia in women and premature ejaculation in men helped to establish the field. Despite these early successes, the authors of these chapters point out that there is still much to be learned about etiology and treatment. Mintz and Guitelman, in Chapter 5, review the growing psychological, medical, and pelvic floor therapeutic literatures on orgasm problems in women. They confirm that directed masturbation remains the single most effective technique to help women achieve orgasm but warn therapists about overstandardizing their treatments for fear of ignoring crucial individual differences that may ultimately determine the most effective and caring treatment. They also address the continuing "orgasm gap" and how to remedy the fact that women still have fewer orgasms compared to men in partnered heterosexual sex. In Chapter 6, on premature ejaculation, Althof dispels overly simplistic and enthusiastic sex therapy and sexual medicine treatment recommendations for premature ejaculation. He carefully reviews the outcome literatures for both and discusses the pros and cons of combined psychological and medical treatment. Despite the significant progress made in treating premature ejaculation, he concludes that modest gains in sexual satisfaction are often the outcome. In Chapter 7, Perelman comprehensively reviews the existing clinical and research literatures on delayed ejaculation in the context of his "Sexual Tipping Point" model. His analysis and recommendations based on extensive clinical experience are particularly useful, because most sex therapists have limited experience with this relatively infrequent but highly distressing problem.

The last three chapters in Part I review the literatures on genital pain, lifelong vaginismus, and sexual aversion. DSM-5 collapsed what used to be known as the two sexual pain disorders (dyspareunia and vaginismus) into one disorder known as genito-pelvic pain penetration disorder. The primary reason for combining these disorders was the overlap in symptomatology and the diagnostic difficulties in differentiating them. Despite this diagnostic change, there have been several recent randomized controlled trials (RCTs) employing different treatment protocols for DSM-IV-TR dyspareunia and vaginismus, and demonstrating high treatment efficacy. As a result, we have included two separate chapters, one (Chapter 8) focusing on genital pain syndromes (dyspareunia) and another (Chapter 9) on lifelong vaginismus. Bergeron, Rosen, Pukall, and Corsini-Munt present an innovative and highly developed interpersonal model of genital pain; they also point out that this problem affects a significant number of men. Using a fear and avoidance conceptualization, ter Kuile and Reissing rationalize the development of an *in vivo* exposure therapy that has stunningly effective results. In Chapter 10, Borg, Both, ter Kuile, and de Jong present strong arguments to support the reinstatement of sexual aversion disorder into DSM-5 and ICD-11. They convincingly argue that the sex therapy establishment has ignored the available data suggesting that disgust is an important underlying emotional factor affecting sexual functioning. Their chapter is the first one ever on this topic in any edition of PPST.

Part II, *Therapeutic Challenges for Sex Therapy,* includes 11 chapters divided into three sections: A, *Sexual Limits and Boundaries,* B, *Lifespan and Transitions,* and C, *Medical Issues*. Most of the problems discussed in Part II present "therapeutic challenges" to sex therapists, since they are usually not amenable to treatment using traditional sex therapy techniques. Nonetheless, sex therapists are often called upon to treat or consult about these problems, because other therapists are typically not comfortable talking about sex and are particularly uncomfortable discussing non-normative sexual behavior about which they may make judgmental and damaging assumptions or interpretations.

The title *Sexual Limits and Boundaries* is an apt one for the four chapters included in this first section of Part II. In Chapter 11, Hall and Graham introduce a "cultural developmental pathway" model to help guide our understanding of the diversity of sexual behavior resulting from cultural influences. Although most Western sex therapists will not have had the opportunity to treat clients in the developing world, it is becoming much more likely with increasing emigration that they will treat such individuals or their children in their home countries. Without an understanding of how their culture affects the sexuality of immigrants and their children, sex therapists may misunderstand these individual's sexual dynamics and behavior.

Even within a specific culture, it is sometimes difficult to understand and treat certain types of non-normative sexual behavior. "Out-of-control sexual behavior," often called hypersexuality or sexual addiction, is a prime example

of a set of behaviors that stretches the limits of most therapists' understanding. This is illustrated in Chapter 12 by Braun-Harvey and Vigorito, who review several very different models (e.g., addiction, impulse control, moral incongruence, psychosexual) of out-of-control sexual behavior. While there continues to be controversy on how to conceptualize this behavior, Braun-Harvey and Vigorito's multimodal intervention is a useful and nonjudgmental treatment model.

In Chapter 13, Ortmann suggests that the high prevalence of consensual BDSM in the general population challenges the traditional conceptualizations of BDSM as a paraphilia motivated by underlying psychological difficulties. Several vignettes and case histories illustrate Ortmann's nontraditional therapeutic approach that focuses on clients' pleasure rather than a presumption of underlying psychological difficulties. Doing therapy with people in BDSM or Kink communities will require clinicians to rethink their conceptualizations of "power dynamics," "negotiated consent," "objectification," and "role playing."

Perhaps the most prevalent sexual boundary violation that an individual is likely to experience is infidelity. In Chapter 14, Josephs points out that although three-quarters of Americans think that infidelity is always wrong, it is the leading cause of divorce and a common reason for referral to therapy. How to help couples repair their relationships after infidelity is not at all clear given the lack of systematic therapy outcome studies. This makes sense, as infidelity is neither a sexual dysfunction nor a discrete sexual behavior with a unitary cause or consequence. Josephs reviews available literature regarding the theories and therapy for infidelity. Ultimately, he focuses on the need to attend to personality dynamics when devising appropriate treatment interventions.

Traditional classifications and treatments for sexual problems have implicitly assumed the existence of a stable couple dyad between ages 25 and 55. This assumption has changed. There is now a growing literature on aging and sexuality, and substantial research on early sexual experiences and their effects on later sexual expression. The five chapters in the *Lifespan and Transitions* section relate to the challenges sex therapists face in trying help individuals and couples deal with sexual changes that occur with age or life transitions.

Virtually every sex therapist has heard the report that "my problem started at about the time our children were born." Navigating this transition to parenthood, or its failure in the case of infertility, presents formidable challenges to many couples. In Chapter 15, Rosen and Byers offer important guidelines and advice on how therapists can help couples to navigate the minefields that are hidden in these transitions. They recommend using a biopsychosocial assessment model to uncover potential causes for sexual dissatisfaction during life transitions, then target problem areas to relieve distress. They also discuss the potential efficacy of psychoeducational prevention programs for new parents or couples struggling with infertility, which would benefit from the inclusion of more information about sexuality.

Another inevitable sexual transition is related to aging. As we mature, all aspects of life, including our sex lives, change. In Chapter 16, Watter reviews data demonstrating that many individuals and couples wish to continue expressing their sexuality as they age. Based on an existential orientation to therapy, he argues that sex is often experienced as an essential life force, serving as an important corrective to death anxiety. Understanding this meaning for continued sexual functioning helps the therapist to support the client's wish to remain vital and alive. Sometimes this entails directing appropriate psychosocial and medical interventions, but at other times, understanding, support, and validation of the quest for a dynamic connection is what is needed.

The high prevalence of trauma, abuse, and neglect in childhood is generally acknowledged as an important societal problem. In Chapter 17, MacIntosh, Vaillancourt-Morel, and Bergeron point out that the effects of childhood maltreatment on adult sexuality can be summarized by a dual pathway model. Sometimes childhood trauma leads to sexual inhibition; other times it leads to sexual disinhibition. Predicting accurately which outcome will occur is very difficult, but both patterns of behavior present significant personal and dyadic challenges to sufferers. The authors present a developmental couple therapy model to guide clinicians in the difficult work of treating survivors of abuse, neglect, and maltreatment. Throughout this chapter, we are reminded that all forms of childhood abuse (not just sexual abuse) can affect the ability to enjoy sexuality in adulthood. While this topic could easily have been included in other sections of this book, it is the positive message that sexuality need not be permanently damaged by traumatic events that has resulted in this chapter's placement in the section on transitions.

There are probably few life transitions as dramatic as changing gender. Growing public awareness of transgendered individuals has fueled the scientific controversy concerning whether gender dysphoria should be classified as a mental illness. DSM-5 and ICD-11 have reached different conclusions on this issue. Although there is little controversy concerning hormonal treatment and gender-affirming surgery as the primary treatments for adults, the clinical management of gender dysphoria in children has become a major political and scientific issue. As a result, we are including two chapters on gender dysphoria in this edition, one about children and the other about adults.

In Chapter 18, Zucker, acknowledges the great differences in current clinical opinion on how to manage gender dysphoria in young children. In general, he espouses working with the family using a supportive and therapeutic "wait and see" approach toward the determination of gender choice. His rationale is based on many studies suggesting that it is impossible to predict ultimate gender choice in these children and the difficulties some parents have in accepting gender transition. On the other hand, based on longitudinal data, Zucker suggests that gender transition and biomedical treatment in adolescence is appropriate for psychologically healthy adolescents with familial support. Holmberg, Arver, and Dhejne, in Chapter 19, provide important insights

into the evolving sexuality of transgender individuals. Gender-affirming treatment can bring with it complex sexual problems and pleasures. Supporting healthy sexual functioning and improving the sexual experiences of transgender individuals requires a multifaceted approach, but the endeavor is critical to an enhanced quality of life.

Medical Issues is the title of the last section in Part II. Sex therapists are now consulting, carrying out research, and developing intervention programs to address sexual functioning in the context of medical problems, including, among others, diabetes, cancer, multiple sclerosis, and heart and renal disease. Adequate coverage of this field would probably now require an entire book on its own. Unfortunately, there is no overarching theory or approach to dealing with sexuality in chronically ill persons. Thus, rather than trying to cover the topic of sexuality and chronic illness in one chapter, as was done in previous editions, we chose two conditions, spinal injury and cancer, for in-depth reviews. Neither of these topics has been systematically reviewed in previous editions. We also included persistent genital arousal disorder in this section, though it is not yet clear whether it should be conceptualized as a pain disorder, a medical condition, or something yet to be determined.

Bober and Falk, in Chapter 20, point out that cancer patients are reluctant to ask about sexuality, because their physicians rarely bring the topic up. When it is brought up, the recommended interventions are usually biomedical and fail to take into account psychosocial and interpersonal factors. The net result is often poor compliance or treatment failure. With an adequate biopsychosocial assessment, clinicians can provide useful information and promote communication between partners, helping partners to set reasonable sexual goals and attain a satisfying sexual quality of life.

Rehabilitating their sexual function is a very high priority for patients with spinal cord injury. Courtois and Gérard point out in Chapter 21 that there are, in fact, many sexual possibilities for quadriplegic and tetraplegic patients, who often lack services outside of specialized centers. The authors provide basic physiological information concerning the likely attainable limits of sexual function for these patients, which depend on the location and level of the lesion. Once these limits are determined, most of the intervention strategies for sexual rehabilitation fit nicely into a cognitive-behavioral treatment (CBT) framework familiar to most sex therapists.

Pukall and Goldmeier describe a multidisciplinary approach to the understanding and treatment of persistent genital arousal disorder in Chapter 22. This poorly understood problem is characterized by high levels of distressing and often painful genital arousal in the absence of sexual desire for both women and men. According to the authors, controlling the distress and pain are crucial for effective treatment, and they review the small treatment literature using interventions based on mindfulness, cognitive-behavioral therapy, pelvic floor physical therapy, and medication. These interventions attempt to control distress and pain while reintegrating pleasurable sexuality into sufferers' sex lives without creating unwanted arousal. This is still a major challenge.

In our concluding chapter, we are joined by Marta Meana in stepping back and taking a critical look at the field of sex therapy. We provocatively ask, "Where is sex therapy going?" as we note ongoing changes and developments in our field. While sex therapy still struggles with its place in the larger field of psychotherapy, sex therapy and sexual medicine appear to have found a comfortable partnership. Nonetheless, this collaboration may herald a growing interdisciplinarity that we hope will provide better care. In particular, the differences between the recently approved ICD-11 and the DSM-5 have raised important diagnostic and construct validity issues with which the field will have to grapple in the future.

A Word about Language

For many writers about sex, the use of pronouns has become a significant sociopolitical issue, and for practitioners it has become a clinical concern. In our clinical work, we use pronouns with which our clients feel comfortable. But in this book, we left this usage question to the judgment of each contributing author. As it turned out, all authors adopted a traditional pronoun usage. In the case of the BDSM chapter and the gender dysphoria chapters, this usage reflects the wishes of the clients discussed.

Conclusion

We are optimistic that our field is up to the challenges it faces as it grows globally to address an obvious need. Editing a volume aspiring to encompass the knowledge and clinical skills that are required for sex therapy raises, a significant challenge, given how much the field is constantly developing. For this edition of the book, there were quite a few topics (e.g., sex therapy for the consensually nonmonogamous, for sexual offenders, and for those suffering from major psychiatric illness, as well as for those with cognitive limitations) that we were not able to include because of space limitations. In addition, a chapter on ethical issues relating to sex therapy is long overdue. We hope a future edition can tackle these important topics.

In 2020, PPST will celebrate its 40th anniversary. There are few, if any, sexology texts that have lasted this long. To a large extent, this longevity is a testament to the vision and hard work of the late Sandra (Sandy) R. Leiblum, who edited the first four editions, joined by her colleagues Lawrence A. Pervin (for the first edition) and Raymond C. Rosen (for the second and third editions). It also reflects the support and interest of The Guilford Press. We have worked hard to preserve Sandy's standards and make this volume an important resource for sex therapists.