

model, which emphasizes the provision of antidepressant medication. The current overprescribing in family medicine of the SSRIs was kicked off, they say, in the 1970s with the crisis surrounding the supposed habituation of the benzodiazepines. Family doctors had to absorb a huge amount of criticism—unfairly, in the view of the present reviewer, and the authors as well—as having addicted all their patients to Valium to move them out in 3-minute consultations. With the departure of the benzodiazepines for anxiety, the way was clear for the arrival of the SSRIs for “depression,” leading us to the current situation in which family physicians diagnose the “disease” depression in their mildly dysphoric patients and offer them Prozac for it.

In the authors' opinion, family physicians should use all the therapeutic power that their knowledge of the context of the patients' entire lives yields, and discard biomedical psychiatry and all of its mass screening programs and “catecholamine” hypotheses that lend a false air of science to the business of psychopharmaceuticals. The authors are particularly hard on the DSM system, on Max Hamilton's measurement scale of depression, and on epidemiological studies of depression that make it sound, well, epidemic. This is the gist of the book. Unfortunately, there is a good deal more, especially on the history of penicillin and on the current reviewer's misdeeds, which might have been shortened. (The authors have a particular dislike for my book *Bedside Manners*, which suggested that family doctors in the 1920s and before might have spent more time listening to their patients than they do today.)

There is much wisdom in the book. The authors note the difficulty of “chang[ing] patient behaviors related to emotional disorders,” a task made all the more difficult by the biomedical model: “While the biomedical model that viewed mental illness as a discrete disease helped bring more science and credibility to the study of psychiatry, it may have devalued the social determi-

nants of mental illness and the importance of help-seeking behavior and self-care” (p. 164). This will give family physicians the strength to go on.

If one had to offer a criticism of this schema, it would be the minor caveat that the authors too willingly accept at face value the concepts of anxiety and depression, which are burned into family doctors' brains by pharmaceutical advertising. There is a good deal that might be said about other ways of cutting up the cake that was formerly called *nervous illness*. If one is going to write a history of the treatment of depression, some awareness that unhappiness has currently been lumped together with psychotic depression and catatonia would be a useful starting point.

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Sexual Dysfunction

Plaut, S. Michael, Graziottin, Alessandra and Heaton, Jeremy P. W. (2004) Oxford, United Kingdom: Health Press.
vii + 128 pp.

The PDE-5 inhibitors (sildenafil, tadalafil, vardenafil) have revolutionized the treatment of male sexual dysfunction, primarily erectile dysfunction, which is overwhelmingly the most common male sexual dysfunction. Unfortunately, there has been no equivalent breakthrough for the treatment of the most common female sexual dysfunction, hypoactive sexual desire, which affects more than a third of all women and has a low rate of successful treatment (25% to 35%). *Sexual Dysfunction*, one of the Fast Facts series of Guides to Clinical Practice, provides a concise yet comprehensive overview of the state of the art in evaluating and treating common sexual dysfunctions of adults in clinical practice. The book is targeted at primary care physicians, who will benefit from the suggestions for interview questions and

the tables and flow charts of the evaluation process. Nonmedical clinicians, however, will find the book particularly helpful because of the way it covers the physiological and medical basis of male and female sexuality, which is often lacking in mental health sources. The entire book can be read as a crash course in human sexual functioning in less than 2 hours, yet it does not ignore the complexity of human sexuality in its coverage of multiple causal and contributing factors, which are the rule more than the exception in sexual dysfunction.

The chapter on female sexual dysfunction is particularly detailed and complete in covering all aspects of female sexuality from a medical perspective in only 30 pages. The chapter on male sexual dysfunction is a little briefer and breezier in its style, moving away from diagnostic precision and the disease model to a functional model that emphasizes the role of effective intervention. Intervention is often driven by patient request. This usually involves trying PDE-5 inhibitors as the first treatment of choice, which probably helps more than 60% of men with erectile dysfunction regardless of the etiology. A holistic, sensitive approach to appreciating the individual and couple is evident in the chapters on addressing sexual issues in clinical settings; types of sexual dysfunctions; and evaluation, intervention, and referral. The sex therapy chapter, 17 pages, points out that short-term behavioral approaches are more successful than longer, insight-oriented therapy. There is no direct correspondence between psychogenesis and specific dysfunctions, since similar life history events can have very different sexual outcomes. It is refreshing to see a discussion on reframing the individual's or couple's concept of sexuality as interventions rather than just descriptions of behavioral exercises.

The Fast Facts format includes extensive tables that highlight the issues discussed in the text and that function as clinical guides. However, it would be a shame just to refer to the tables and not

to read the text, which models a sensitive clinical approach. A few fast facts are missing. A more complete description (and perhaps a table) of the sexual effects of different types of over-the-counter and prescribed medications would be helpful. However, for the basic facts and a sensitive approach to evaluation and treatment of sexual dysfunction, this book achieves its goal of quickly educating primary care professionals.

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*Black Families in Therapy,
Second Edition:
Understanding the African
American Experience*

Nancy Boyd-Franklin (2003)
New York: Guilford Press.
ISBN: 1-57230-619-X.
xiii + 368 pp. \$40.00.

This updated and enlarged text is enriched by its clinical examples and lucid explanation of treatment theories and examples of effective and ineffective interventions. The text is divided into four major sections: I. "African American Families: The Cultural and Racial Context"; II. "Major Treatment Theories, Issues, and Interventions"; III. "Socioeconomic Class Issues and Diversity of Family Structures"; and IV. "Implications for Supervision, Training, and Future Research."

To work effectively with a given population, it is important to have some appreciation of its members' cultural and racial identity as well as their experiences in the American culture. Boyd-Franklin provides a helpful overview of the diversity of the African American population in section I. Beyond the scope of this text, specific references on recent African Caribbean immigrants

are provided to help clinicians who work with this population. References are also provided on the increasingly vocal biracial and multiracial children and families addressed in chapter 8 of section I.

Following a discussion of the impact of slavery, the author discusses the effect of racism and discrimination upon African American families today. She notes their differences from other groups who were voluntary immigrants to the United States and became accepted into society within two generations. The continuing presence of racism and discrimination and its effect upon African American families of all economic levels is illustrated. The literature describing the strengths of black families is reviewed and provides important insights for the therapist. Clarification of various extended family patterns, a discussion of role flexibility within African American families, relationships between African American men and women, and the religion and spirituality in African American families provide a crucial database for beginning and advanced therapists, facilitating a deepening comprehension of the complexity of the African American family.

In Section II, the major treatment theories, issues, and interventions in family therapy are presented. Chapter 9 on the "Therapist's Use of Self and Clarification of Value Conflicts" is particularly useful. The author clarifies the need of the therapist to "establish credibility with the African American family" (p. 179). She notes that other cultures, e.g. Latino families, may give automatic respect to the therapist. The legacy of racism and the family members' personal experiences with welfare and other social systems make the African American family skeptical (pp. 178–180). For example, African American families are sensitive to information gathering. Beginning family therapy with a detailed family history can result in the family leaving therapy be-

cause the therapist is perceived as prying. Techniques for effectively joining the African American family are discussed, and examples of errors in approach (e.g., attempting to be street-wise to connect with an African American family member, p. 182) are described. Discussions of the possibility of a therapist's belief that therapy is not appropriate for African American families, expectations of immediate results, or failure to recognize that the therapy is not progressing (pp. 182–183) are helpful in facilitating recognition of the clinician's expectations of what will be effective and what is working. The author emphasizes the importance of the use of videotapes and audiotapes to understand fully the therapeutic process as well as the use of supervision to facilitate the therapist's work.

Section III provides excellent case examples of the Multisystem Model of Family Therapy with three African American families: a poor family, a single-parent African American family, and a middle-class African American family. The utilization of the Multisystem Model (presented in lucid detail in chapter 11, pp. 226–249) with specific case examples provides the clinician with specific material to understand how to implement effective family therapy with African American families.

Section IV is an important resource for those involved in training, supervision, and research in this area. Overall, the contents and organization of the text are an important resource for understanding the experience of African American families and providing therapeutic techniques to engage African American families effectively in family therapy.

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