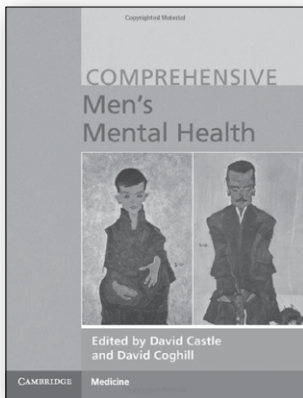


## BOOK REVIEWS

# Comprehensive Men's Mental Health



Edited by David Castle and David Coghill;  
Cambridge University Press; 2021;  
ISBN 9781108740425; pp 274;  
\$64.99 (paperback).

The impact of gender on mental health and the emergent importance of men's mental health are not always fully realized. Most clinicians appreciate that depression occurs more often in women, and that women attempt suicide more frequently than men, while men complete suicide more often. However, we do not necessarily realize that sex is an often "unrecognized but essential variable" of our understanding of the brain and the relationship between structure and function and between cognition and behavior/symptoms. As David Coghill writes in the introductory chapter to this book he co-edited with David Castle, "being male is a significant risk for the development of neurodevelopmental and neuropsychiatric disorders (eg, schizophrenia,

attention deficit hyperactivity disorder [ADHD], autism spectrum disorder [ASD], Tourette's disorder, and intellectual disability [ID]). While being female appears to afford some degree of protection against these common disorders, it increases the risk, at least after puberty, for depression and eating disorders" (p 1). He adds that "it is only in the last 60 years that it has been accepted that the brain plays an important role in determining sex differences in human behavior" (p 1). As the area of men's mental health and its determinants have not been addressed in a comprehensive format, Drs. Castle and Coghill gathered a group of mostly Australian and British authors to put together a comprehensive book on men's mental health.

The book consists of 6 sections: 1. The developmental context and developmental disorders; 2. Body image and anxiety disorders; 3. Suicidality and mood disorders in men; 4. Violence, sociopathy, and substance misuse in men; 5. Physical and mental health overlap; and 6. Mental health of men in late life.

The most fascinating and revealing (especially for novices in this area) is the first section, addressing human brain development and its implications for "maladies of the male mind," ASD, ADHD, puberty and affective mental illness, and schizophrenia, all in males. These

chapters, particularly the first one, are filled with important theoretical and clinical information. It is clear, as noted in chapter 1, that it has not been possible to identify the specific genes on the X and Y chromosomes that are responsible for the differences between men and women, and that it "may not be the presence or absence of the specific genes but the number of X chromosomes that is the key factor. The X chromosome contains many important genes and is particularly enriched in genes associated with brain development and cognitive functioning" (p 3). And to make it even, one of the X chromosomes is inactivated in females, though not fully. It is also known that the men's and women's brain structures differ and that the brain volume in males is 9% to 12% greater than that in females. As far as the differences in neurodevelopmental disorders, it is not clear whether men are more vulnerable to these disorders, or women are more protected.

The chapter on ASD points out that "There is no compelling evidence to support the use of pharmacological treatments of the core symptoms of ASD, but pharmacotherapy may be effective in the treatment of co-morbid psychopathology such as disruptive behavior, ADHD, depression, anxiety, and OCD when indicated" (p 17). The chapter on ADHD reminds us that in approximately one-half of both males and females, this disorder persists into adulthood. There are differences between males and females in some aspects of ADHD; for example, males are more likely to have comorbid oppositional

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defiant disorder and conduct disorder, while females may have more comorbid internalizing problems, such as affective and anxiety disorders. The treatment part of the ADHD chapter makes good points, such as that the effect sizes for the stimulants in children are among the largest for any medications, that approximately 70% of those with ADHD have a strong response to methylphenidate or amphetamine, and that there are no strong indications for different treatment strategies for males and females.

Another well written, informative chapter is the one on puberty and affective mental illness, explaining the role of testosterone, the androgen receptor, and adrenarche, and pointing out that the rates of crime, car accidents, drug abuse, and sexually transmitted diseases all peak in adolescence and early adulthood, more prominently in males. The authors emphasize that the emotional and social turmoil of puberty and adolescence might increase the risk of mental disorders and that “about 75% of mental health problems are established by age 24” (p 48). Finally, the chapter on schizophrenia notes that the incidence rates of schizophrenia are higher in males (male-to-female ratio of 1.42 to 1), that males have an earlier age of onset of schizophrenia than females, and that females have a better response to antipsychotics. Actually, males “tend to need larger doses of antipsychotic drugs, sometimes as high as twice the dose in chronically ill...” (p 63). Males also do not respond to medications as quickly as females, and more likely

struggle with extrapyramidal side effects.

The second section addresses issues such as ethnicity and male mental health, gender dysphoria in men, body image disorder, anxiety disorders, obsessive-compulsive disorder, and posttraumatic stress disorder (PTSD) in men. The chapter on ethnicity notes that “gender expression in the way of multiple gender roles was once the norm for many cultures, and it was colonialism that introduced a basic and universal social classification in terms of superiority and inferiority, one of them was gender binary” (p 70). The chapter on PTSD notes that while men have lower prevalence rates of PTSD, they are more frequently exposed to potentially traumatic situations. Men are also less likely to seek treatment for PTSD and do not respond as well as women (p 113).

Section 3 covers suicide and self-harm in young men, depression, postnatal depression in men, and bipolar disorder. These are standard, not very revealing chapters, with the exception of the one on paternal postnatal depression (PPND). The concept of PPND is relatively new, yet PPND is real and is associated with an elevated risk of behavioral and developmental problems in children. The chapter includes useful websites for fathers with PPND.

The fourth section includes chapters on the mental health of men who offend, men’s mental health in prison, domestic violence and men’s mental health, and alcohol and substance misuse in men. These are, again, standard chapters; some more informative, some less so.

Section 5 focuses on HIV and mental health, cardiovascular disease and health, and cancer and health in men. The chapter on HIV remarks that the HIV-infected brain is more “vulnerable to endogenous and exogenous insults that can result in accelerated brain ageing” (p 202). The chapter on cardiovascular disease is informative and important, pointing out the increased risks of cardiovascular disease in men, association with depression, and specific interventions, including weight control and diet. One of the better organized chapters is the one on cancer, reviewing cancer as a death threat, the impact of anti-cancer treatments and discussing male-specific cancers in alphabetical order—bladder, colorectal, head and neck, lung, penile, and prostate.

The last section includes chapters on dementia and on mental health of men in later life. The dementia chapter suggests that it is not clear whether sex has an effect on an individual’s risk of developing dementia, but in most studies the prevalence of dementia was higher in women. However, “males with dementia tend to manifest more problematic BPSD [behavioral and psychological symptoms of dementia] than females and this may lead to greater carer burden, especially where the caregiver is female” (p 248).

This is an interesting book addressing important topics. As one could decipher from my review, some chapters are very informative and fairly useful, while others are less informative and not very useful. Understandably, the chapters frequently lack specific advice on

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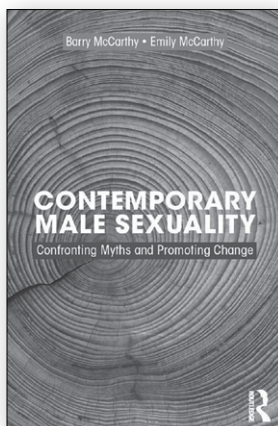
the management of men's mental health issues, as there clearly are no studies available. Thus, the focus is frequently on male-female differences. Some issues are editorial—I missed a chapter on male sexual

health, and the book seems to run out of steam at the end, after a strong start. Nevertheless, it is a unique book with a focus on a relatively neglected area, and it is an interesting read in many parts.

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**DISCLOSURE:** Dr. Balon is a member of the American Psychiatric Association Publishing Editorial Board.

## Contemporary Male Sexuality. Confronting Myths and Promoting Change



By Barry McCarthy and Emily McCarthy;  
Routledge (imprint of Taylor & Francis  
Group); 2021; ISBN 9780367427207;  
pp 183; \$19.96 (paperback).

Readers may, based on the title of this small volume written by a husband/wife team (Barry McCarthy is a sex and couple therapist, and Emily McCarthy has a degree in speech communication), expect a detailed review and discussion of contemporary views of male sexuality. However, the book's focus is more on male sexuality from the point of sex therapy, and some aspects of female

sexuality are inevitably part of the discussion and case presentations. The authors write that they present a different model of male and couple sexuality throughout their book. They also note that there are “many more similarities than differences between men and women,” (p 1) but they also note that “male sexuality is more complex and nuanced than portrayed in the media,” and that “female sexuality is more variable, flexible, complex, and individualistic” (p 2).

The book consists of 18 chapters. The first 4 provide a not-so-entertaining introduction to the rest of the book and deal more with equality of sexes and issues such as respect, trust, and intimacy. The text addresses the myths of male sexuality (eg, the fact that “men are intimidated by the simplistic performance model. An example is that 80% of men believe that their penis is smaller than average” [p 3]), special issues for men and special issues for women, and what healthy sexuality is. One of the tenets emphasized throughout the book is

that the “best sex integrates intimacy and eroticism” (p 7), and though emotional and sexual intimacy are different dimensions, they are both crucial. “Sexuality is a couple process of sharing intimacy, pleasuring, and eroticism” (p 10). As sexual problems contribute to marital problems, the authors also caution that “only 30% of marital problems are resolvable, the majority is modifiable, and even in the most loving marriages, 10-20% of problems are not changeable” (p 6). Chapter 4 emphasizes female-male sexual equity as the new model of healthy sexuality, and that the foundation of an equitable relationship is psychological and relational.

Starting with chapter 5, the book begins to delve more into issues specific to male sexuality, discussing the sexual development of boys and adolescents. The authors emphasize that there are many negative aspects of boys learning about sexuality, such as sexual jokes, learning that males do not admit weakness, and male and female children being treated as if they were different species. The text also touches on the impact of child sexual abuse on sexuality. The authors emphasize positive aspects of development, noting that it is “normal and healthy to enjoy touching and being touched, including children exploring and touching their genitalia” (p 39). They

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also include lists of positive and negative learnings about sexuality.

The following chapter focuses on the next stage in development of sexuality—young adult sexuality. The authors note that while males usually learn sexual response autonomously, most young adult women learn sexual response as interactive rather than autonomous. This and the following chapter also address eroticism. The authors write that we should accept “the mantra of desire/pleasure/eroticism/satisfaction as relevant to both men and women. Eroticism is an integral component of each partner’s sexual voice. Eroticism is not the domain of male sexuality; eroticism is important to women... Eroticism is compatible with intimacy and pleasuring” (p 53). Chapter 7 expands on the new sexual mantra of desire/pleasure/eroticism/satisfaction. It starts with a discussion of the mistaken assumption that eroticism, intercourse, and orgasm are the man’s domain; and intimacy, pleasuring, and stability are the woman’s domain, with “sex = intercourse” and foreplay being preparation for the “real thing.” The chapter discusses each part of the sexual mantra—desire, pleasure, eroticism, satisfaction, arousal, intercourse, and orgasm—in more detail. The authors emphasize that desire is the core dimension of healthy sexuality (p 58). They write that pleasuring “involves sensual and playful touch both inside and outside the bedroom” and that while “pleasuring can be a path to arousal, intercourse and orgasm...intercourse is not the sole or even chief function of pleasuring” (p 60). They add that “performance-oriented foreplay subverts desire” (p 60). The discussion of eroticism includes 3

arousal styles: 1) partner interaction arousal, 2) self-entranced arousal, and 3) role enactment arousal. In their discourse on satisfaction, the authors emphasize that orgasm does not necessarily equals satisfaction, as “satisfaction is much more than orgasm” (p 62) and partners can have a satisfying sexual experience even when not orgasmic. They also note that afterplay is “one of the most neglected components of sexuality” (p 63). The following chapter on adult sexuality expands on the themes of young adult sexuality chapter.

The authors come back to desire, which they call the core of sexuality, in chapter 9. Here I liked 2 notes. In the discussion of secondary male low desire, the authors write that “spontaneous erections, visual stimuli, eroticism, and predictable sexual response are not a solid foundation for male sexual desire. Friends, male physicians, and drug company reps mislead men into believing that a medical intervention will magically return you to an intense desire you experienced in adolescence. It can’t” (p 80). Later on, they advise that “you don’t need desire 24 hours a day, 7 days a week. When you feel anxious or sad, fatigued or experience medication side effects, have conflict with your partner or exhausted from attending children’s events, low desire is normal” (p 86).

The next chapter integrates intimacy, pleasuring, and eroticism. “Contrary to cultural myths, more intimacy is not better. A key is to balance intimacy and eroticism” (p 94). Chapter 11 advises on developing one’s couple sexual style in the frame of autonomy/couple balance. The primary couple sexual styles—complementary

(mine and ours), traditional (conflict mimicking), best friend (soul mate), and emotionally expressive (fun and erotic)—are presented in detail. The following chapter reviews Good Enough Sex (GES), emphasizing again that sexuality is more than intercourse and satisfaction is more than orgasm.

Chapter 13, which deals with male sexuality in one’s 60s, 70s, and 80s, is very good, most informative, and full of clinically relevant observations and advice. It proposes that sexuality in older age is promoted by a focus on pleasure and being intimate and erotic friends. It dispels some myths, such as that the key to sexual desire is visual stimuli—the truth is that the key here is the touch. Further myths addressed are that women lose their ability to enjoy sex after menopause; that male sexual response of predictable erection and intercourse without needing anything from the partner is superior; and that “spontaneous sexual desire” is better than “responsive sexual desire.” This chapter is followed by another very informative chapter on dealing with sexual problems such as premature ejaculation, erectile dysfunction, hypoactive sexual desire disorder, and ejaculatory inhibition. The authors note that one should not rush intercourse, stating that “the major reason men fail with Viagra or Cialis is that as soon as you become erect (subjective arousal 4-5), you rush to intercourse because you fear losing your erection. Negative motivation subverts erection” (p 129).

Following is an interesting but perhaps less important chapter on “variant arousal,” fetishism, and how to deal with it (via acceptance, compartmentalization, or necessary loss). The

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next chapter discusses gay men in heterosexual relationships (it also mentions asexuality and bisexuality). This is followed by a chapter on monogamy vs consensual nonmonogamy, specifically on sexual affairs. It discusses 3 types of affairs: High opportunity/Low involvement affair (most common for men); Compartmentalized/ongoing affair (mostly sexual, but can develop emotional dimensions which were unplanned); and Comparison affair (meets emotional and sexual needs more than primary relationship). The last chapter addresses the creation and

maintenance of a satisfying, secure, and sexual bond.

The book includes 2 attachments: A. Choosing a sex, couple, or individual therapist (including organizational resources), and B. Suggested reading.

Contrary to my original mixed feelings while reading the first 4 chapters, I liked the book. It grows on you. The book is written for general readership, but most clinicians will learn a lot from reading this volume. All chapters include “exercises” for the chapter topic and clinical cases. The cases are especially good and

easy reads, with useful clinical points. There are some weaknesses, such as repetitiveness of the message and lack of the list of references (references are mentioned in the text). However, clinicians interested in human sexuality (and maybe others) will find a wealth of clinical information that could be useful in addressing male sexual issues in discussion with patients, or in augmenting therapy, or as recommended reading for patients.

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## BOOKS RECEIVED

The following books have been received or otherwise obtained and will be reviewed by selected individuals, the courtesy of the sender is acknowledged by this listing.

**Neurodiversity. From Phenomenology to Neurobiology and Enhancing Technologies.**

Edited by Lawrence K. Fung; American Psychiatric Association Publishing; 2021; ISBN 9781615373024; pp 302; \$59 (paperback).

**Trusting in Psychotherapy.** By Jon G. Allen; American Psychiatric Association Publishing; 2022; ISBN 9781615373918; pp 222; \$49 (paperback).

**Study Guide to Introductory Psychiatry.**

**Second Edition.** A companion guide to the introductory textbook of psychiatry, seventh edition. By Donald W. Black and Jordan Cates; American Psychiatric Association Publishing; 2022; pp 336; \$62 (paperback).

**Technological Addictions.** Edited by Petros Levounis and James Sherer; American Psychiatric Association Publishing; 2022; ISBN 9781615372935; pp 206; \$56 (paperback).

**Prescribing Together. A Relational Guide to Psychopharmacology.**

By Warren A. Kinghorn and Abraham N. Nussbaum; American Psychiatric Association Publishing; 2021; ISBN 9781615372881; pp 285; \$59 (paperback).

**QuickSCID-5. Quick Structured Clinical Interview for DSM-5 Disorders.**

By Michael B. First and Janet B.W. Williams; American Psychiatric Association Publishing; 2021; \$77 (paperback).

**Seminars in the Psychotherapies.**

**Second Edition.** Edited by Rachel Gibbons and Jo O'Reilly; Cambridge University Press; 2021; ISBN 9781108711838; pp 399; \$49.99 (paperback)