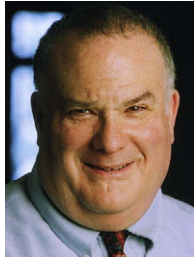


Preface



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Guest Editors

Psychiatric diagnoses constitute a short-hand way of conveying information—information that may assist in guiding treatment and helping patients. Historically, as time has passed and new knowledge emerged, professional and societal ways of appreciating mental and behavioral capacities and impairments have changed. The alcoholic, once believed to be morally corrupt, is now more often and correctly appreciated as a human being in need of professional assistance. Many people previously believed to be lazy are now more often correctly identified as victims of clinical depression.

With respect to sexual issues, in the 1970s there seems to have been a virtual epidemic of rapid ejaculation and female anorgasmia, possibly resulting from strict, shame-based sexual prohibitions during childhood. As time passed, however, and patients gained greater knowledge about what constituted a normal and healthy sexual response, feelings of shame declined and the incidence of such cases decreased dramatically. The 1980s brought an increased recognition of etiologic and psychologic problems related to the violence of rape and to the potential trauma of incest. At the same time there was an increased focus on dysfunctions of sexual desire and arousal, and an increased focus on pedophilia and its associated sequelae. In the 1990s, because of the widespread use of computers and access to the Internet, a new venue emerged among both males and females for the expression of problems related to hypersexuality, paraphilias, cybersex, so-called “sexual addiction,” and what has often seemed to be out-of-control sexual behavior. Historically, as new problems have been identified, the following decades have then been filled with advances in research, scientific publications, books, theories, concepts, and treatments, many of which have withstood the test of time.

This issue is one of the first to bring together some of the most outstanding specialists in the field of what some are now calling hypersexual behaviors, to share theoretically based research and to try to work through the related conceptual issues. In doing so, various authors have considered developmental (Schwartz), epidemiologic (Kuzma and Black), sexual arousal (Abel, Coffey, & Osborn), conceptual (Bancroft), biologic (Berlin), and pharmacologic (Codispodi) issues related to the concept of human hypersexuality. At the same time potentially new syndromes related to women (Turner),

adolescents (Gerber), or dissociative clients (Ross) have been introduced. The use of computers for sexual purposes, with a special emphasis on treatment (Marshall and colleagues) has also been reviewed.

The intended result has been an integration of the current state of this young field, designed to help guide clinicians through the often bewildering and baffling maze of these difficult-to-treat conditions. The bases of sexual desire and arousal and of normal and pathologic sexual behaviors have been explored in depth. Special consideration has been given to trying to clarify the current mixed diagnostic plethora of terms (such as impulsive, compulsive, dissociative, addictive, hypersexual, and intimacy- and attachment-related disorders), with the additional goal of trying to assist in bringing greater clarity for the next edition of the *Diagnostic and Statistical Manual of Mental Disorders*.

It seems likely that new psychiatric concepts will continue to emerge and evolve over time. Those of us who have devoted our lives to understanding and treating patients afflicted with psychiatric illnesses must change and evolve too. We cannot succeed without a reliable influx of new and credible evidence-based information and ideas. This issue strives to supply information about hypersexuality as an important contemporary psychiatric issue, while also serving as a useful guide for psychiatrists and other mental health professionals who may be interested in this developing multidiscipline.

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