

## Editorial Comment

In this study from the University Medical Center at Cologne, Germany, a type of psychotherapy named 'creative dynamische bildsynthese' (creative-dynamic image synthesis—CDS) was found to be more effective than either Yohimbine or placebo in the treatment of impotence of unknown etiology—presumably psychogenic. This therapy, which is similar to a variety of approaches used in the United States, assumes that subconscious self-concepts determine our daily experiences and actions. The therapy is as brief as four individual sessions and theoretically involves the integration of divergent self-concepts. For example, the patient invokes an image of himself as impotent, an image of himself as aggressive, and then achieves an integrative self-image, which presumably mediates resolution of symptoms. A number of psychotherapies in the United States assume that unconscious or subconscious self-concepts influence our actions. However, none of them have been convincingly demonstrated to work in only four sessions. It is difficult to conceptualize the effective ingredients in CDS. This author suspects that suggestion plays an important role. Unfortunately, the power of suggestion has often been downplayed by psychiatry in the United States. It has been this author's clinical impression that suggestion can play an important role in the treatment of many psychological conditions.

It is unfortunate that this study did not employ some form of psychotherapy control group. The Gold Standard of psychotherapy for impotence in this country is cognitive behavioral psychotherapy if CDS had proven to be more effective than cognitive behavioral psychotherapy; this might have implications for the theoretical underpinning of most psychotherapeutic interventions for psychogenic erectile problems.

A psychotherapy control group was not utilized. Thus we cannot say that CDS is superior to other types of psychotherapy. We can however state that CDS was shown to be superior to placebo or Yohimbine therapy.

The advent of sildenafil has lessened interest in the study of psychological treatment for erectile problems. Ironically, even some psychiatrists use sildenafil as first line therapy for psychogenic impotence. This is unfortunate, as studies have shown that many men seeking organic treatment for erectile problems have significant psychiatric disorders. Erectile problems can be part of the symptomatic presentation of a major depressive disorder. This is especially important, as studies have found that 15% of individuals diagnosed with depression successfully end their lives by suicide. Case series and case reports have found that restoration of potency does not always result in the resumption of partner related activities and may precipitate marital discord or divorce. This should serve as a reminder that sex is a symbolic as well as physical act. For some unfortunate individuals, the symbolic meaning of sex is strife with inner conflict.

This paper is a reminder that there is still much to be learned about the treatment of erectile dysfunction. Hopefully, knowledge concerning psychology of sexual function will grow at the same exponential rate at which knowledge of the biology of sexual function is growing. It is clear that biological therapies can restore the capacity to function sexually. To date, biological therapies have not been able to guarantee that the patient will enjoy the restoration of function or meet the patient's expectations.

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