
Hillman writes that her intended audience includes students and professionals particularly psychologists, psychiatrists, social workers, counselors, clergy, physical therapists, occupational therapists, nutritionists, nurses, nursing home administrators, geriatricians, and retirement home coordinators (page 2). That the list includes professionals who are regular readers of *Clinical Gerontologist* should come to no surprise to readers of this review.

Hillman puzzled me when she noted that her audience should include older adults who have questions about sexuality. Writing for such a diverse audience that includes nonprofessionals is a Herculean task and authors usually fail miserably. Professional readers become bored if they fail to learn new material. Nonprofessionals become overwhelmed by meaningless jargon that does not address their personal concerns in a manner that is comprehensible to them. However, Hillman does a remarkably good job of writing for this diverse mix. I tested my hypothesis by asking an elderly salesman to read a section. After reviewing parts of the chapter entitled, “Men’s Issues in Elderly Sexuality,” he expressed interest in reading the entire book. As a gerontologist who has been working in the area for 25 years and has published in the area of aging and sexuality, I found some sections elementary—but not to the degree of being annoyed or developing a desire to stop reading. This is a well-written book for Hillman’s entire intended audience.

The major strength of Hillman’s work is her masterful job of employing vignettes. Thirty vignettes are used to explain complex concepts. They make information palatable to nonprofessionals and more intellectually stimulating for professionals and students of gerontology. Clearly, the vignettes are what enable Hillman to successfully captivate such a wide audience. Individual readers, based on their experiences and knowledge, will respond differently to each vignette. The vignettes demonstrate Hillman’s level of gerontological knowledge and experience, and are the key for making *Clinical Perspectives on Elderly Sexuality* a powerful learning and teaching tool.

I have always had difficulty getting students to understand the concepts of transference and countertransference. Hillman presents the best and most detailed explanation of these phenomena. Here again, the vignettes play a key role in facilitating understanding. In the future, I will employ some of Hillman's vignettes in my teaching.
Since the early 1980s, a wide range of generic scholarly articles have been published in the area of aging and sexuality. Hillman has done an admirable job of citing most of them. She notes that many of these studies contradict commonly held stereotypes. In addition, one will discover that some of the studies cited contradict each other. Hillman does not reconcile the conflicting data. However, she does note that the sampling strategies used to collect the data were poor. I suspect that even if researchers were able to comply with the rigorous standards established for scientific sampling, we would continue to find the same contradictions. Every gerontologist knows, as Hillman acknowledges, that the young/old cohort is likely to be the most statistically heterogeneous cohort studied in social science. This strong diversity in psychosocial characteristics translates into great difficulty in making accurate generalizations and predictions. Understanding the basis for various contradictions in the book is likely to cause problems for readers who do not understand the complexities of social science research.

The inherent and expected contradictions within gerontological studies have profound and very limiting effects on generalizations from studies of psychotherapeutic intervention for aging populations. Hillman handles this critical problem by focusing on the implications from her vignettes. The astute gerontologist will be acutely aware that one cannot generalize from vignettes, but Hillman is able to get the reader thinking about the various outcomes of a client using Viagra and how to psychotherapeutically address them. Hillman employs her vignettes to illustrate and create strategies in identifying and addressing transference and countertransference. Actually, her discussion of transference and countertransference is worthy of reading for those clinicians who are not gerontologists. In addition, some of her vignettes include dialog. This give-and-take elucidates psychotherapeutic intervention in a manner that a book on theory cannot.

Hillman’s Clinical Perspectives on Elderly Sexuality is an outstanding and comprehensive presentation of sexuality and the aging process. The author’s skills at writing for such a diverse audience provide the incentive to include sociocultural concepts that provide the backdrop for all clinical understanding. I highly recommend that this book be adopted for academic libraries supporting programs in gerontology, psychology, sociology, medicine, and nursing. In addition, I would recommend that public libraries and nursing home libraries adopt this book. It is clear that many baby boomers will be interested in reading this well-written book. I also suspect that residents of nursing homes and other institutional settings would find Hillman’s work insightful.

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