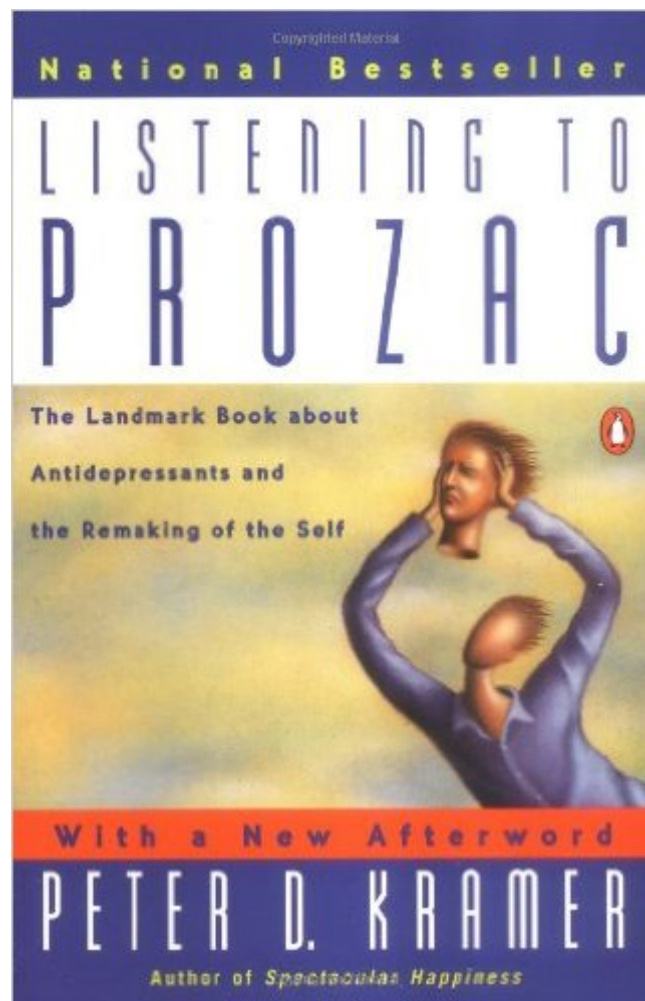


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Listening To Prozac: The Landmark Book About Antidepressants And The Remaking Of The Self, Revised Edition



Synopsis

Since it was introduced in 1987, Prozac has been prescribed to nearly five million Americans. But what is Prozac? A medication or a mental steroid? A cure for depression, or a drug that changes personality? Reported to turn shy people into social butterflies and to improve work performance, memory, even dexterity, does Prozac work on character rather than illness? Are we using it cosmetically, to make people more attractive, more energetic, more socially acceptable? And what does it tell us about the nature of character and the mutability of self? With the addition of an afterword that gives us an up-to-date report on Prozac in America today, including his personal observations, reactions to his critics, and the latest scientific research, psychiatrist Peter Kramer reinforces what The New York Times calls 'an intelligent and informative book...which tells us new things about the chemistry of human character.' Dr. Kramer was recently asked to guest host The Infinite Mind, a weekly public radio show focusing on the art and science of the human mind and spirit, behavior, and mental health. Listen to the show now.

Book Information

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Customer Reviews

I had a desire to go back and reread this work on the tenth anniversary of its publication. I was curious to see how Dr. Peter Kramer's magnificent essay of the mysteries of mood and matter had stood the test of time. I was also interested to see how far the psychiatric-pharmaceutical complex had come in the past decade in dealing with the scourge of depression and other mental disorders. But before I get too far ahead of myself, exactly what was it about this book that made it

such a provocative success in 1993? Two factors come to mind almost immediately. The first is the remarkable story-telling and philosophical style of the author. Yes, the crux of this work was the ethical dilemma of physicians who for the first time possessed the legal and medicinal power to alter personality cosmetically. But we forget over the years that this book was much more than a pharmaceutical morality play. It was a fascinating look at the pioneers of the biotechnology era, a glimpse into the hit and miss processes whereby paradigms and hypotheses were transformed into molecular formulas. The author made lucid for the general public just how mysterious the matrix between the material and the metaphysical truly is. That the new psychotropic drugs could morph a wallflower into a grand dame was becoming evident, so to speak, but the reasons for the change remained well educated guesses, and nothing more, in 1993. Such a tale was both tantalizing and troubling, and no one before Kramer had quite animated psychiatry while circumscribing it in such an elegant way. The second attraction of this book was the drug itself, Fluoxetine, marketed under the brand name Prozac. Prozac was not the only member of new wave antidepressants, the Selective Serotonin Reuptake Inhibitors, or SSRI's, available in 1993.

Prior to reading Kramer's now-classic ruminations on Prozac and its sibling drugs, I read Joseph Glenmullen's Prozac Backlash, a damning response to Kramer's work. Glenmullen is convincing and well documented (and speaks to my own prejudices); therefore, I was prepared to despise Kramer. I didn't. And I don't. Granted, Kramer does not spend much time on the undesirable side effects of Prozac and other antidepressant drugs, but it's almost beside the point, since his emphasis tends towards philosophical and ethical efficacy, rather than medical efficacy. Kramer does not pretend to be doing anything other than laying bare some very challenging questions. He prescribed Prozac as an antidepressant and discovered that it was altering personalities--not in the far more negative way that was later found in cases of uncharacteristic violence, but in ways that patients perceived as positive. Formerly shy people were far more outgoing. Kramer raises an important question: Is it ethical to withhold a treatment for painful shyness when the physician has no reason to diagnose depression? Dozens of (to me) frightening facts are reported; for instance, for the past fifty years it has been commonplace to make a diagnosis after observing drug side effects. In other words, now that we know that Prozac can cure shyness in some people, shyness is now a diagnosis that needs a cure. Particularly interesting and insightful is Kramer's observation that certain personality characteristics are valued (or de-valued) in various cultural scenarios, which change over time as well as from one group to another.

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