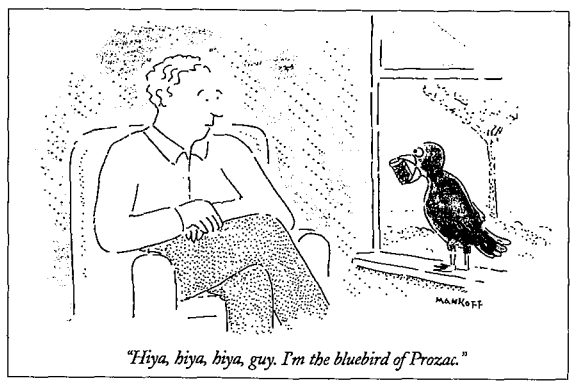
What the Medicine Said

LISTENING TO PROZAC: A Psychiatrist Explores Antidepressant Drugs and the Remaking of the Self. *By Peter D. Kramer. Viking. 409 pp. $23*

On the evening after I began reading Peter Kramer's *Listening to Prozac*, I had an appointment with a woman in her mid-forties for whom I had prescribed Prozac several months earlier for depression. Joan, an intelligent, poised, and successful employee of a large company, had developed many of the classic symptoms of depression. They included an abiding sense of sadness, the inability to feel pleasure in activities that used to give her pleasure, low self-esteem, frequent crying episodes, poor appetite, weight loss, diminished energy, marked indecisiveness, and a deep sense of fragility. These symptoms had begun after she separated from her husband, three months before she first called me.

I could have prescribed a number of other antidepressants for Joan but chose Prozac, a relatively new drug that causes fewer troublesome side effects and is about as effective as the others in treating depression. Introduced in the United States in January 1988, Prozac, whose generic name is Fluoxetine, has by now been taken by more than nine million patients around the world, about half of them in the United States. Most antidepressants affect several chemicals in the brain, known as neurotransmitters, that appear to be related to depression. Prozac was the first to be introduced that affects only one of these, serotonin, which is one reason it causes fewer side effects than the older antidepressants.



"Hiya, hiya, hiya, guy. I'm the bluebird of Prozac."

Though Prozac has been accused during the past couple of years of causing serious side effects—especially violence and suicide—these accusations seem to have been unjustified, and the drug has been enjoying immense popularity among psychiatrists, other physicians, and significant segments of the general public.

Within a month of starting to take Prozac, Joan began to feel better. A month later, it was clear that her depression had mostly lifted. Her sadness had disappeared, she could feel pleasure, her energy and appetite were back, and she felt self-assured. By the fourth month of treatment, Joan's depression was gone. In fact, she felt better than she had felt before she became depressed. "I feel much more relaxed," were the words I recorded in her chart. "I think more clearly. . . . I felt at risk; I don't anymore." When I saw Joan for our next appointment three weeks later—on the evening after I had begun reading *Listening to Prozac*—she was feeling not only better but *different*: "I just feel free—to talk to people, to be loose. The last time I felt free was in the 1970s. . . . But even then it wasn't like this. I can be me and it's OK, and when I *am* me people are responsive to me." She attributed the change to Prozac, and so, tentatively, did I.

In *Listening to Prozac*, Peter Kramer, a psychiatrist on the faculty of Brown University, and one I have known since he completed his psychiatric training, describes several patients not very different from Joan in their responses to Prozac. Though I had not yet finished the book when I saw Joan at our next appointment, I suggested to her that she read it. I

thought she might learn about the medication as well as discover, in reading about the reactions of others to it, something about her own response.

I have not yet heard Joan's thoughts about the book, but I can report on mine. I find it original, interesting, troubling, provocative, highly speculative, probably wrong in some places, imaginatively right in others, and much more theoretically ambitious than one would expect of a book written for a popular audience. I think I can safely infer that I am not the only psychiatrist recommending the book to patients currently on, or considering, Prozac. The book has appeared on the best seller list of the *New York Times Book Review*, an unusual achievement for a work that addresses so complex a theme.

Having attended to his patients' responses to Prozac, Kramer concluded that the medication can tell us something important about both mental illness and the nature of being human. As a psychotherapist who had used talk as the agent of therapeutic change, Kramer was "used to seeing patients' personalities change slowly, through painfully acquired insight and hard practice in the world. But recently I had seen personalities altered almost instantly, by medication. . . . Prozac seemed to give social confidence to the habitually timid, to make the sensitive brash, to lend the introvert the social skills of a salesman." By observing these changes, by "listening to Prozac," Kramer felt forced to conclude that much of what he had assumed was primarily a result of personal history—not only mental illnesses but also personality patterns—was, in fact, a result of biological factors, many of them ultimately of genetic origin, that could be profoundly and quickly ameliorated by medications. "Spending time with patients who responded to Prozac," he writes, "had transformed my views about what makes people the way they are. I had come to see inborn, biologically determined temperament where before I had seen slowly acquired, history-laden character." He had come to see, in short, how central biology is not only to mental illness but to personality, to the traits that people display as they live in the world and with each other.

This insight has serious implications not only clinically and scientifically but also in the professional marketplace. For many years, patients with mild depressions or personality difficulties often paid little attention to the question of whether a therapist was a psychiatrist or a psychologist since they assumed they would be treated with "talk therapy" and not medications. A patient who reads Kramer's book, however, and decides that medication would be more effective and faster than psychotherapy in treating his low self-esteem, chronic mild sadness, or obsessionality would likely turn to a psychiatrist, who as a physician is by law allowed, and by training equipped, to prescribe medications, rather than to a clinical psychologist, who is not. This book may well give further impetus to the ongoing efforts by clinical psychologists to obtain prescribing privileges.

Many psychiatrists will object to some of the suppositions and arguments of the book. Some will point out that Prozac is not, in general, as strikingly effective a drug as Kramer (or my case vignette of Joan) suggests. First of all, only a small minority of patients respond to Prozac with a sense of having been "remade." Some psychopharmacologists also argue that the sense of some patients who take Prozac that they are "better than well" may be a result of being "revved up" by the medication rather than of being transformed. Others stress that, though unlikely to cause many of the side effects typical of antidepressants, such as dryness of the mouth, Prozac is not entirely free of side effects, such as, in some patients, anxiety, insomnia, and weight loss, and, like other antidepressants, it may lose efficacy after a period of use. Finally, the evidence for the efficacy of Prozac (and other antidepressants) in "the remaking of the self" is largely anecdotal and based on individual case reports. People have reported feeling "remade" as a

result of a variety of experiences ranging from taking placebo medications to falling in love to winning the lottery. All of this should make one hesitant to attribute such impressive powers to Prozac.

Yet most psychiatrists would agree, I think, that Prozac does have properties that make it significantly different from older antidepressants and efficacious in treating not only depression but other serious conditions including obsessive-compulsive disorder and panic anxiety. Moreover, it appears to help at least some people who experience sensitivity to rejection, excessive inhibition, and chronically low self-esteem.

It is in connection with the use of Prozac as a "mood brightener" in persons who do not have diagnosable mental illnesses that serious ethical questions arise. Should a psychiatrist treat someone with medications who does not have an illness listed in the official diagnostic manual? If a person who does not have what is ordinarily considered an illness can be made to feel and function better by a medication, whether it is Prozac or some better drug that may come along, is it right for his or her physician to prescribe such a medication? Should that condition, or state, now be called an illness simply because it is susceptible to pharmacological amelioration? Should health insurance companies pay for such "cosmetic" psychopharmacological treatment? Might employers one day conclude that an employee—say, a manager, a salesperson, or a receptionist—should be more outgoing and demand that he or she begin treatment with medications as a condition of continued employment? Kramer takes up these and other questions that are bound to face psychiatrists as psychotherapeutic medications are made ever more specific and effective at ameliorating an ever larger roster of illnesses and problematic personality patterns.

Kramer might have profitably devoted more attention than he does to the relationship between psychological suffering and what have traditionally been considered the cultural products of such suffering. It is often assumed that, without their spiritual anguish, some figures in the arts, religion, philosophy, and other creative endeavors would never have produced works that we all consider emblems of human achievement. "Nothing great in politics, poetry, or the arts," Aristotle wrote, "has ever been achieved by anyone without a melancholic temperament." What would happen if this temperament were once and for all eliminated? What if a drug is developed some day that is far better than Prozac—one that helps everyone who takes it and that alleviates, in a clear and predictable way, not only depressions but also the many quirks or characteristics in ourselves that are associated with personal unhappiness and dissatisfaction? Would not such a drug, when taken by people, reduce the likelihood that they would produce a great work of art or invent a new religion?

It might. But it would do so only if they would take it, and, presumably, they would do so only if they wanted to take it. Unless the taking of such medications were to become something that could be forced upon suffering persons, they would be free and able to suffer and produce as they wished. Moreover, more than a few artists suffer from psychological difficulties that interfere with their abilities to realize their gifts, and medications might alleviate those difficulties. Certainly some artists who suffer from severe depression and who cannot do creative work because of it, such as the author William Styron, have been able to resume their productive lives because of treatment with medications.

It is important to remember, moreover, that even if great human achievements are sometimes a product, in part, of human suffering, the overwhelming mass of suffering produces nothing that benefits society or the individual sufferer. Psychological suffering is almost universally unwanted. If a pill could indeed abolish psychological suffering, especially without at the same time distorting the qualities that make one human, such as

the capacity to feel and think fully and freely, that pill would be in most cases a treasure indeed. Only unsuffering and probably unfeeling social and literary critics would want to keep it from those who need it.

In some ways, what Kramer says in *Listening to Prozac* should not surprise any of us. It is hardly news that so much of what we are, both physically and mentally, has a biological basis. But the implications of that reality are becoming ever more weighty as we expand our capacity to affect that biology and, thereby, the essence of our human selves. That capacity is only in its infancy, and from what I can tell, it seems more likely to grow into a blessing than a curse. Humankind, in all its agonized and creative variety, is not slouching toward a pharmacologically normalized Bethlehem to be reborn.

—Walter Reich, a practicing psychiatrist and Senior Scholar at the Woodrow Wilson Center, is the author of A Stranger in My House (1984).

Other Titles

History

CHURCHILL: A Major New Assessment of His Life in Peace and War. *Ed. by Robert Blake and Wm. Roger Louis. Norton. 581 pp. $35*
CHURCHILL: The End of Glory. *By John Charmley. Harcourt Brace. 742 pp. $34.95*

Is the time yet right for a new assessment of Winston Churchill? Charmley, a radical conservative historian at the University of East Anglia, thinks so. His iconoclastic *End of Glory* presents Churchill as a great man but a greater failure, an inept war addict who kept England from successfully exiting a war it could not win (so Charmley believes) but which eventually Germany managed to lose. When published earlier in England, Charmley's revisionism—with its hints that it would have been better for Britain to trust Hitler than to trust America—elicited an almost universally cold response.

Charmley's study is provocatively strident, but in terms of thoroughness, when set beside Louis and Blake's big compilation, it practically dissolves into air. Louis, an historian at the University of Texas, and Blake, the editor of the English *Dictionary of National Biography*, have assembled the academic equivalent of a Hollywood extravaganza. David Cannadine writes on Churchill's family, Gordon Craig on Churchill and Germany, Michael Howard on Churchill and World War I, Stephen Ambrose on Churchill and Eisenhower, Philip Ziegler on Churchill and the monarchy, and on and on the list goes.

While historians (before Charmley) might have desisted from assaulting the central national myth of Churchill's wartime leadership, they have not failed to point out the astonishing combination of talent, energy, and fallibility that marked every phase of Churchill's checkered career. The contributors to this volume carry on in this tradition, many with elegance. The best of several good pieces on Churchill's attempts to win two world wars is Richard Ollard's cool, compelling analysis of his naval ideas. Those ideas were at best misguided, at worst catastrophically misconceived. Like Napoleon before him, Churchill had a soldier's vision of sea warfare and repeatedly demanded that ships perform duties for which they were